NOTE

This Microfiche meets the quality requirements of the American National Standard for Microfiche of Documents (ANSI PH5.9-1975). However, because of imperfections in the document from which it was made, it contains images that are illegible or difficult to read. The source document for this microfiche is the best copy that could be obtained prior to filming.

Congressional Information Service, Inc
Washington, D.C.

CIS

CHIROPRACTIC SERVICES FOR VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON
HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

JUNE 28, 1983

Printed for the use of the Committee on Veterans' Affairs

Ser. 98-21

24-493 O

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1983

H761-26

COMMITTEE ON VETERANS' AFFAIRS

G. V. (SONNY) MONTGOMERY, Mississippi, *Chairman*

DON EDWARDS, California
BOB EDGAR, Pennsylvania
SAM B. HALL, Jr., Texas
DOUGLAS APPLEGATE, Ohio
MARVIN LEATH, Texas
RICHARD C. SHELBY, Alabama
DAN MICA, Florida
THOMAS A. DASCHLE, South Dakota
WAYNE DOWDY, Mississippi
MATTHEW G. MARTINEZ, California
LANE EVANS, Illinois
MARCY KAPTUR, Ohio
FRANK HARRISON, Pennsylvania
ALAN B. MOLLOHAN, West Virginia
TIMOTHY J. PENNY, Minnesota
HARLEY O. STAGGERS, Jr., West Virginia
J. ROY ROWLAND, Georgia
JIM SLATTERY, Kansas
JOHN BRYANT, Texas
BILL RICHARDSON, New Mexico

JOHN PAUL HAMMERSCHMIDT, Arkansas
CHALMERS P. WYLIE, Ohio
ELWOOD HILLIS, Indiana
GERALD B. H. SOLOMON, New York
BOB McEWEN, Ohio
CHRISTOPHER H. SMITH, New Jersey
DENNY SMITH, Oregon
PHIL GRAMM, Texas
DAN BURTON, Indiana
DON SUNDQUIST, Tennessee
MICHAEL BILIRAKIS, Florida
NANCY LEE JOHNSON, Connecticut

MACK FLEMING, *Chief Counsel and Staff Director*

SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE

BOB EDGAR, Pennsylvania, *Chairman*

DAN MICA, Florida
WAYNE DOWDY, Mississippi
LANE EVANS, Illinois
MARCY KAPTUR, Ohio
FRANK HARRISON, Pennsylvania
ALAN B. MOLLOHAN, West Virginia
TIMOTHY J. PENNY, Minnesota
HARLEY O. STAGGERS, Jr., West Virginia
J. ROY ROWLAND, Georgia
JIM SLATTERY, Kansas
JOHN BRYANT, Texas
BILL RICHARDSON, New Mexico
THOMAS A. DASCHLE, South Dakota

JOHN PAUL HAMMERSCHMIDT, Arkansas
ELWOOD HILLIS, Indiana
GERALD B. H. SOLOMON, New York
BOB McEWEN, Ohio
CHRISTOPHER H. SMITH, New Jersey
PHIL GRAMM, Texas
MICHAEL BILIRAKIS, Florida
NANCY LEE JOHNSON, Connecticut

CONTENTS

JUNE 28, 1983

Page
Chiropractic services for veterans 1

STATEMENTS OF COMMITTEE MEMBERS

Chairman Edgar 1
Hon. G. V. (Sonny) Montgomery, chairman, Committee on Veterans' Affairs 3
Hon. John Paul Hammerschmidt 2
Hon. Christopher H. Smith 3
Hon. Bill Richardson 37
Hon. Michael Bilirakis 37

WITNESSES

Brown, Dr. Earl, M.D., Associate Deputy Chief Medical Director, Veterans' Administration; accompanied by Dr. Carl Hughes, M.D., Associate Chief Medical Director for Professional Services; Ralph Ibson, Deputy Assistant General Counsel; Dr. Dorothy Rasinski, M.D., Special Assistant to the Deputy Associate Chief Medical Director for Professional Services; and Marjorie Quandt, Assistant Chief Medical Director for Administration 4
  Prepared statement of Dr. Brown 63
Cooper, Dr. John A.D., M.D., president, Association of American Medical Colleges 15
  Prepared statement of Dr. Cooper 68
Egan, Paul S., deputy director, National Legislative Commission, The American Legion 56
  Prepared statement of Mr. Egan 218
Joeckel, Charles E., Jr., deputy national legislative director, Disabled American Veterans 55
  Prepared statement of Mr. Joeckel 209
Lyngh, Robert E., director, National Veterans Affairs and Rehabilitation Commission, The American Legion 56
Magill, James N., special assistant, National Legislative Service, Veterans of Foreign Wars 55
  Prepared statement of Mr. Magill 215
Passamaneck, Lt. Col. David J., national legislative director, AMVETS 53
  Prepared statement of Colonel Passamaneck 206
Padgett, Dr. Kenneth W., president, American Chiropractic Association; accompanied by David O'Bryon, director of congressional relations, and Harry Rosenfield, Washington counsel 22
  Prepared statement of Dr. Padgett 74
Williams, Dr. Sid E., president, International Chiropractors Association; accompanied by Dr. Bruce Nordstrom, executive vice president, and Ronald M. Hendrickson, director, Department of Government Relations 39
  Prepared statement of Dr. Williams 149
Wyden, Hon. Ron, a Representative in Congress from the State of Oregon 38
  Prepared statement of Congressman Wyden 147

Material Submitted for the Record

Articles:

"Official Directory of Chiropractic Examining Boards With Licensure and Practice Statistics," (1982-83), published by Federation of Chiropractic Licensing Boards ..... Page 83

Fact Sheet:

"The Position of Chiropractic in the Health-Care Delivery System of the United States," submitted by the International Chiropractors Association 188
"Education of a Chiropractor," submitted by the International Chiropractors Association 190

Letters:

American Medical Association to Subcommittee Chairman Bob Edgar, re provision of chiropractic services to veterans requiring treatment for neuro-muscolo-skeletal disabilities 233

Studies:

"A Study of Time Loss Back Claims," Workmen's Compensation Board, State of Oregon 164
"Industrial Back Injury," by C. Richard Wolf, M.D 158
"Manipulating the Patient," a comparison of the effectiveness of physician and chiropractor care, from "The Lancet," June 29, 1974 160
"Independent Studies of Industrial Back Injuries," compiled by the International Chiropractors Association 166
"A Study of Wisconsin Industrial Back Injury Case," completed by Daniel J. Duffy, MBA, Market Research, University of Wisconsin, Madison 169

CHIROPRACTIC SERVICES FOR VETERANS

TUESDAY, JUNE 28, 1983

House of Representatives,
Subcommittee on Hospitals and Health Care,
Committee on Veterans' Affairs,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9 a.m., in room 334, Cannon House Office Building, Hon. Bob Edgar (chairman of the subcommittee) presiding.

Present: Representatives Edgar, Montgomery (ex officio), Evans, Penny, Staggers, Rowland, Slattery, Richardson, Hammerschmidt, Solomon, McEwen, Smith of New Jersey, Bilirakis, and Johnson.

OPENING STATEMENT OF CHAIRMAN EDGAR

Mr. Edgar. Good morning. The subcommittee will come to order.

The purpose of this morning's oversight hearing is to receive information on alternative methods that the Veterans' Administration may consider in providing chiropractic services to eligible veterans requiring treatment for neuromusculoskeletal disabilities.

Presently, the Veterans' Administration may authorize reimbursement for chiropractic services provided eligible veterans who have been referred to a chiropractor by a VA physician. We have received complaints from some veterans and chiropractors that this method of providing chiropractic services has not been very effective and that few veterans have been referred to chiropractors by VA physicans. The main complaint heard by the subcommittee is that the differences in philosophies between the two professions prevents an eligible veteran from receiving chiropractic services for a service-connected condition at VA expense.

Legislation has been introduced in both Houses of Congress to authorize reimbursement for reasonable charges for chiropractic services provided to these eligible veterans. With present budgetary constraints, including the delay in compensation and pension cost-of-living increases and other funding problems, I am not certain that these legislative proposals will provide the proper vehicle to allow veterans to receive the chiropractic services they might require. However, we are open to the suggestions of all interested parties and expect to receive recommendations to assist us in our deliberations regarding this problem.

We are not meeting this morning to pass judgment on the nature of services that chiropractors provide. However, we are very interested in learning how many veterans have been referred to chiropractors under present law, how helpful these services have been to eligible veterans, and alternative methods that the VA's Department of Medicine and Surgery may consider to provide these services.

Our witnesses this morning include the Veterans' Administration, the Association of American Medical Colleges, the American Chiropractic Association, the International Chiropractors Association, and a panel comprised of the major veterans' service organizations. The Honorable Roy Wyden, a Member of Congress from the State of Oregon, will be joining us later and we will interrupt the scheduled agenda to receive his testimony.

I would now like to recognize the distinguished ranking minority member of the subcommittee, the Honorable John Paul Hammerschmidt, for any remarks he may wish to make.

Mr. Hammerschmidt.

STATEMENT OF HON. JOHN PAUL HAMMERSCHMIDT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ARKANSAS

Mr. **Hammerschmidt**. Thank you, Mr. Chairman.

I am grateful that you scheduled this hearing. Hopefully, it will bring information to our attention that will assist the Congress in determining whether legislation is needed with respect to chiropractic services for veterans.

Mr. Chairman, the argument has long been made by some that veterans entitled to treatment from the Veterans' Administration ought to have freedom of choice as to which health care provider will give the treatment. Inasmuch as chiropractic is subject to a licensing procedure in each of the 50 States, and inasmuch as it is an accepted method of treatment insofar as payments are concerned with respect to other governmental and private entities, the further argument is made that the VA ought to also accept it.

The VA has taken the position that its Department of Medicine and Surgery already has a full and complete range of services to meet the needs of veterans and it sees no role for chiropractors in its system.

Mr. Chairman, current law give the VA the authority to use chiropractors. The question is whether the VA will exercise its authority and, if so, to what extent. Another question is whether veterans entitled to treatment at the expense of the Veterans' Administration are being denied a necessary treatment modality by policies of the VA which would appear to be almost exclusionary in their effect.

Mr. Chairman, we all recognize the wide differences in opinion on this matter. Chiropractors and MD's in each of our districts have communicated their position to almost all Members of Congress. It would be my hope that this hearing will enlighten us further. The witness list contains good spokespersons and I look forward to hearing their testimony.

Thank you, Mr. Chairman.

Mr. **Edgar**. Thank you for your opening statement.

I would also like to recognize for any opening remarks he might have the chairman of the full committee, Sonny Montgomery, who has joined us this morning.

STATEMENT OF HON. G. V. (SONNY) MONTGOMERY, CHAIRMAN, COMMITTEE ON VETERANS' AFFAIRS

Mr. **Montgomery**. Thank you, Mr. Chairman.

I want to commend you for starting this subcommittee meeting right on time. I was in the outer office and you hit the gavel right at 9 o'clock, which I think is a good tradition for this committee and I certainly commend you for starting these meetings on time.

And for you and Mr. Hammerschmidt, I would also like to thank you for having these hearings, in that I committed myself, as chairman of this full committee, last year when the Senate had added a provision pertaining to chiropractors to their bill. We never had any hearings on that type of legislation. In working with the chiropractors' associations, we agreed that we would have these hearings this year, which you have done, and I want to commend you for that. Certainly I am here as a member of the committee to find out what should be done in this area, and I appreciate you, Mr. Hammerschmidt, and other members of the subcommittee for giving me the opportunity to find out about this issue.

Mr. **Edgar**. Thank you, Mr. Chairman.

Mr. Smith of New Jersey.

STATEMENT OF HON. CHRISTOPHER H. SMITH, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. **Smith** of New Jersey. Thank you Mr. Chairman. It is a pleasure to be here this morning to address the issue of chiropractic care for our service-connected and severely disabled veterans.

I am very pleased, Mr. Chairman, that many organizations represented at this mornings' hearings have endorsed legislation that I have introduced—H.R. 3016—which would authorize eligible veterans to receive reimbursement for chiropractic services received in certain circumstances through the VA health care system.

It is very important to recognize that the VA presently has the authority to provide chiropractic services. Any physician may, on a case-by-case basis, refer an eligible veteran to a chiropractor for treatment. Despite this authority—and in my opinion the primary reason that this hearing is needed—only a few veterans, if any, have ever been referred by the VA to a chiropractor.

This, in my opinion, is contrary to Congress' intent. In the report accompanying Public Law 96-151, the two Committees on Veterans' Affairs urged the VA's Department of Medicine and Surgery to reevaluate its position and to use its existing authorities to provide, at least on a pilot basis, chiropractic services in appropriate cases as part of the hospital care or medical services furnished to veterans.

My legislation, Mr. Chairman, would remedy this situation. In order to accommodate the ever changing needs of our veterans' population, H.R. 3016 would expand the VA health care system by including the provision of chiropractic care on a limited, pilot basis.

I should note that total expenditures for this program would be limited to $2 million per year, over a period of 3 years. Reimbursement for chiropractic services would be made either to the veteran or to the chiropractor who furnished such services. Under no circumstances, I might add, would reimbursement be made for treatment other than for the care of a neuromusculoskeletal condition of the spine.

Also at stake here, Mr. Chairman, is the issue of fairness. For years, reimbursement for chiropractic treatment has been provided under medicare, medicaid, Federal employee health benefit programs, Federal employee workmen's compensation and other Federal programs.

It is also interesting to note that chiropractic education in our Nation's 16 chiropractic colleges is covered by the GI bill. Even in the face of this across-the-board acceptance, however, chiropractic care through the VA health care system remains unavailable.

As you are aware, Mr. Chairman, legislation that would make chiropractic care routinely available through the VA has passed the Senate in the past two Congresses. Presently, a bill very similar to H.R. 3016, S. 567 introduced by Senator Thurmond, is moving in the Senate.

I believe the time for action on this particular legislation is now. More and more veterans are requesting chiropractic services, and surely, the addition of chiropractic care to the outstanding full range of services now available for our veterans, if they so choose, are certainly deserving of this care. Without further delay, Mr. Chairman, I believe that their demands should be met by this subcommittee and the full Congress.

Mr. **Edgar**. Our first witness will be Dr. Earl Brown, Associate Deputy Chief Medical Director for the Veterans' Administration. I would like to welcome Dr. Brown and ask him to come to the table.

Dr. Brown, before you begin, because of the number of witnesses and some other pressing business today that some members of this subcommittee have, we would like to try to keep the oral opening statements to about 10 minutes. This is true for all of our witnesses today.

I would also like you to introduce for the record all of the people who are accompanying you to the table today. The full text of your statement will be made a part of the record, without objection.

Dr. Brown, we welcome you and are pleased to have you here to testify in this important issue.

STATEMENT OF DR. EARL BROWN, M.D., ASSOCIATE DEPUTY CHIEF MEDICAL DIRECTOR, VETERANS' ADMINISTRATION, ACCOMPANIED BY DR. CARL HUGHES, M.D., ASSOCIATE CHIEF MEDICAL DIRECTOR FOR PROFESSIONAL SERVICES; RALPH IBSON, DEPUTY ASSISTANT GENERAL COUNSEL; DR. DOROTHY RASINSKI, M.D., SPECIAL ASSISTANT TO THE DEPUTY ASSOCIATE CHIEF MEDICAL DIRECTOR FOR PROFESSIONAL SERVICES; AND MARJORIE QUANDT, ASSISTANT CHIEF MEDICAL DIRECTOR FOR ADMINISTRATION

Dr. **Brown**. Thank you, Mr. Chairman, members of the committee.

With me today are Dr. Carl Hughes, who is the ACMD for Professional Services, to my far left; Mr. Ralph Ibson, the Deputy Assistant General Counsel, to my immediate left; to my immediate right is Dr. Dorothy Rasinski, who is Special Assistant to the

ACMD for Professional Services; and to my far right is Marjorie Quandt, ACMD for Administration.

Mr. Chairman, I am certain that the members of this committee are well aware of the long-standing differences of opinion between practitioners of allopathic medicine and proponents of chiropractic theory. I do not seek to reopen that debate this morning.

As you know, the Congress has mandated that the primary function of the Department of Medicine and Surgery is "to provide a complete medical and hospital service for the medical care and treatment of veterans." This longstanding mission statement is set forth in section 4101 of title 38, United States Code. We believe it is important to recognize that, under law, the VA health care system has long been based on the medical model. As architects and builders of that system, this committee has certainly been instrumental in assuring that our hospitals are providers of medical care of excellent quality.

I believe that it is important, in your consideration of measures which might require the VA to provide or reimburse for chiropractic services, that you be aware that such a requirement would represent a fundamental alteration in the function, focus, and orientation, and potentially in the structure, of the VA health care system.

If this committee is to consider such legislation, it would presumably be based on the premise that the VA presently lacks the ability to provide a full range of quality care and services to eligible veterans. We reject that premise.

As noted, the VA is required by law to provide a complete hospital and medical service for the care of veterans and to employ the services of licensed physicians who hold a degree of doctor of medicine or osteopathy from a college or university approved by the Administrator. The therapeutic capabilities of the existing VA medical staffs and consultants are comprehensive and flexible and fully meet the needs of all veteran patients. We strongly believe that disorders of the musculoskeletal system are skillfully and appropriately treated by the VA by physicians, medical and surgical subspecialists, and specialized support personnel.

We have taken note of the urgings from some that VA reevaluate its position on chiropractic. Let me say that we have not ignored this suggestion. We have, in fact, very carefully studied chiropractic and have reviewed a considerable body of literature on the subject.

We do not seek to persuade you to reject the scientific or therapeutic validity of chiropractic. What we do urge is that this committee recognize the strengths and capabilities of the VA health care system. We view that system as relatively unique in itself and in the capabilities it offers veterans. Frankly, we do not see a role for chiropractic in that system.

Shouldn't the veteran have freedom of choice, we are asked, and be permitted to receive chiropractic care in his community at VA expense? Veterans, of course, have freedom of choice in their selection of health care providers and modes of care. We know that many eligible veterans, for a variety of reasons, do not routinely obtain their care from the VA. Some may seek care from sources outside the medical profession. We do not ask you to attempt to regulate the freedom of choice veterans have as health care consumers. We do ask that you do not inadvertently redesign the VA health care system in an effort to increase further the choices available.

Unlike medicare and other systems, VA's health care system is primarily a provider of care, not a passive reimbursement mechanism. Congress has clearly delineated the circumstances under which fee-basis or contract care may be authorized. Those circumstances are limited, as they should be. Other than in certain emergencies, the law does not now permit VA to reimburse at all unless VA physicians have determined in advance that care is needed and have authorized it. Legislation to require VA to reimburse for chiropractic services would create an unprecedented situation of permitting a veteran to obtain VA-sponsored services without any prior determination of that individual's need for those services. Such legislation would set a far-reaching precedent and would encourage additional professional groups, both within and outside allopathic medicine, to seek authority to become direct providers of services to veterans with the Veterans' Administration relegated to the role of bill payer. Mr. Chairman, this would be a substantial step toward so-called mainstreaming of veterans' health care in the private sector. Mainstreaming, of course, represents a seductive path which, if taken, would almost inevitably lead to the demise of the VA health care system as we know it. This has been clearly recognized by veterans and by this committee and has been soundly rejected. We urge you not to take this first step.

Because of the complexity of knowledge and skills required to diagnose and treat diseases of the neuromusculoskeletal system, the medical profession looks to the expertise of a number of subspecialists. In some complex or difficult diagnostic cases, the involvement of up to a dozen different disciplines may be needed.

The staffing of our VA medical centers includes the variety of physicians, subspecialists, and support personnel needed for proper diagnosis, management, and follow up of neuromusculoskeletal conditions. Accordingly, we are confident that the VA can and does handle well the array of disorders and disabilities of the musculoskeletal system.

In essence, as a provider of health care, capable of furnishing the full range of quality medical care, we strongly object to the enactment of any legislation to require VA to furnish chiropractic services.

Mr. Chairman, this concludes my statement. Of course, we will be glad to answer any questions.

[The statement of Dr. Brown appears at p. 63.]

Mr. **Edgar**. Thank you, Dr. Brown.

Dr. Brown, can you tell me how many VA physicians have referred patients to chiropractic services?

Dr. **Brown**. Mr. Chairman, we did a very quick survey of the field to try to ascertain that. Our detailed records are not readily available as such information must be manually retrieved. Referrals are made on a fee basis. We did check with the 6 regions and 50 various medical centers, and for these centers, so far this year, 31 patients have been referred to chiropractic care, with approximately 246 treatments.

Mr. EDGAR. How many complaints have you had within the VA relating to nonavailability of these services?

Dr. BROWN. I don't recall any complaints coming across my desk.

Mr. EDGAR. Based on information that I have received, the committee has received only two or three complaints from veterans claiming that chiropractic services were being denied to them under existing VA authority. We had asked about the number of veterans who had received this type of care.

What were the procedures used in providing and reimbursing for these services?

Dr. BROWN. Mr. Chairman, a physician determines that the treatment of the patient is indicated by a chiropractor and makes the referral. So a VA physician first ascertains that it is necessary and then makes the referral.

Mr. EDGAR. Of those 31 cases, you wouldn't keep records as to what kind of treatment was provided?

Dr. BROWN. No, sir.

Mr. EDGAR. That is not standard medical practice in the hospital system to keep tabs on what kinds of services are provided in terms of purchase of service?

Dr. BROWN. Miss Quandt?

Miss QUANDT. When a patient is referred out on a fee basis, with specific authorization from the attending physician, the patient is given a card which limits him to a certain number of visits in a fiscal year, at a certain amount of money. Each month the provider of care sends us his bill and on that bill is a report of the services given.

Mr. EDGAR. Thank you.

Dr. Brown, on page 4 of your prepared testimony you state that the provision of direct service to veterans by chiropractors would be a substantial step toward so-called mainstreaming of the veterans health care in the private sector. As you know, this committee has gone on record as opposing the mainstreaming of eligible veterans to the private sector.

On what assumptions would the provision of chiropractic care be a step in that direction?

Dr. BROWN. Mr. Chairman, I think I can best explain that by saying the VA functions based upon the physician being held responsible for medical care. We hold him responsible for deciding the state of health of the veteran, the VA's capability of providing for that care, the geographic accessibility, and the physician then is the insurer of quality.

Mainstreaming, of course, is a voucher-type system. The VA in that type of setting cannot guarantee quality. If a veteran had the freedom of going to a chiropractor and we merely pay the bill, that's all we do, we just pay the bill, we make no judgments based upon that service or the indications for that service.

Many other specialists are waiting to see what is going to occur with the chiropractors in this regard. I can assure you that we have had multiple inquiries from other specialists—podiatrists, optomotrists, psychologists, and other physicians—outside the VA for freedom of choice for the veterans to go to them and we simply be the bill payer rather than the provider and the insurer of that quality of care. We feel this would be a first step in the direction of that erosion and toward mainstreaming.

Mr. **Edgar**. Thank you.

Mr. Hammerschmidt.

Mr. **Hammerschmidt**. Thank you, Mr. Chairman, and thank you, Dr. Brown, for your testimony.

Dr. Brown, do you feel the VA has followed congressional intent with respect to using chiropractors in its treatment program for eligible veterans?

Dr. **Brown**. I believe we have. Again, the center of focus of responsibility is on the physician, the allopathically trained physician, and he makes the decision as to what treatment is indicated. If, indeed, chiropractic treatment is indicated, he will make that referral.

Mr. **Hammerschmidt**. Dr. Brown, the Veterans' Administration states that it does not see a role for chiropractors in its system. You apparently make a very big distinction between treatment by chiropractors within the VA and payment for such treatment by other Federal agencies.

I wonder if you could elaborate on why there is such a disparity there?

Dr. **Brown**. As I said in my statement, the VA is a provider of health care. We are not a reimburser for health care. I think that is the major distinction between our agency and other Federal agencies that, indeed, do reimburse or authorize reimbursement for care.

Mr. **Hammerschmidt**. I find it interesting that about 35 percent of the chiropractors receive their training under the GI bill, which was authorized by this committee. Would you wish to comment?

Dr. **Brown**. Yes, sir, I thought that was interesting, too.

Mr. **Hammerschmidt**. I believe that's all the questions I have, Mr. Chairman.

Mr. **Edgar**. Thank you.

Dr. Rowland.

Dr. **Rowland**. Thank you, Mr. Chairman.

Dr. Brown, not debating the theory of chiropractic versus traditional medical care, there is a difference in the theory of cause of disease and the treatment with chiropractors as compared to traditional care.

What is your feeling about the position of the VA if we do have law requiring chiropractic care? Do you think this is going to have any significant effect on the basis of medical care in the VA?

Dr. **Brown**. Yes, sir. As I described, the physician is held responsible for the quality of care of the patient and is responsible for everything we do for our patients. He may delegate that responsibility to others, but he is the pivot point. If we should introduce into our hospitals, say, or our clinics, chiropractic care, which is an entirely different theory, they are totally incompatible. I see the patient being caught in the middle. That's what worries me. We avoid that even in multiple affiliations. We don't want multiple affiliations because we feel that has the potential for catching the patient in the middle. So we avoid any type of thing like that.

I believe that to introduce chiropractic into our system would cause conflict.

Dr. **Rowland**. Then you envisage this conflict as being very detrimental to the care that is provided to the veterans now?

Dr. **Brown**. Yes, sir, I do.

Dr. **Rowland**. Thank you, Mr. Chairman.

Mr. **Edgar**. Mr. Solomon.

Mr. **Solomon**. Dr. Brown and the rest of you at the table, you don't have to answer this, but have any of you ever been to a chiropractor?

Dr. **Brown**. As a matter of fact, I asked this question when we were rehearsing yesterday, and I learned that Dr. Hughes had been to a chiropractor when he was a small boy. He was the only one.

Mr. **Solomon**. I find it a little difficult to understand your answer to Mr. Hammerschmidt in which I think you stated that the VA is living up to legislative intent. Yet your testimony goes on to state opposition on referral to chiropractors. In some of the medical publications, Medical Economics for one, a survey shows that more and more doctors are referring their patients to chiropractors and even themselves to chiropractors. That's why I asked the question in the beginning.

Again, if the legislative intent is there, and you know it is there, then why is there this opposition from the VA? Could you expand on that at all?

Dr. **Brown**. Mr. Solomon, I don't see it as opposition. I see it as the physician who is responsible for the patient's care deciding what type of treatment is necessary and prescribing that specific treatment as indicated. If he feels that manipulation by a chiropractor is indicated, he will make that referral.

Mr. **Solomon**. So, in your testimony, you are not recommending that we change the law and prohibit the use of chiropractors?

Dr. **Brown**. No, sir, not at all.

Mr. **Ibson**. Mr. Solomon, excuse me. By way of clarification, there is no provision in title 38 that specifically mandates the Veterans' Administraton to provide for reimbursement for chiropractic services. We believe that the statutes are broad enough to permit reimbursement and we do provide for that when a VA physician authorizes it. The only expression of legislative intent that we're aware of is the committee's expression in the last session, that the VA reexplore its position, and I believe we have done so.

Mr. **Solomon**. But there is no prohibition?

Mr. **Ibson**. There is no prohibition.

Mr. **Solomon**. I have no further questions.

Mr. **Edgar**. Mr. Penny?

Mr. **Penny**. No questions.

Mr. **Edgar**. Mrs. Johnson?

Mrs. **Johnson**. Thank you, Dr. Brown.

I just wanted to get a little clear in my mind how this system would work if we allowed chiropractic care. Wouldn't the individual still have to go through the physician at the VA? Your prime concern seems to be eroding the authority of that case of the individual physician and, therefore, the control, and therefore, what is in the patient's best interest.

If we allowed a broader use of reimbursement for chiropractic care, wouldn't that still have to be prescribed by the physician in charge?

Mr. **IBSON**. Mrs. Johnson, under the bills that have been introduced to date, there would not be a requirement for prior VA approval. We do have ample authority right now for that reimbursement to take place under circumstances where a VA physician deems it to be in order.

Mrs. **JOHNSON**. I guess my problem is that there certainly would have to be some decision by the system as to whether the treatment was needed. You wouldn't just reimburse because someone decided they needed it, and give you the bill. Wouldn't there still be in place some way that you would be in a position to determine whether or not it was needed?

Mr. **IBSON**. I don't believe that is the case under the pending proposed legislation.

Mrs. **JOHNSON**. Is there any analogous——

Mr. **CHRISTOPHER SMITH**. If the gentlewoman would yield on that?

Mrs. **JOHNSON**. Certainly.

Mr. **CHRISTOPHER SMITH**. I thank you for yielding.

Dr. Brown, you did mention on page 3 of your testimony that "Legislation to require VA to reimburse for chiropractic services would create an unprecedented situation of permitting a veteran to obtain VA-sponsored services without any prior determination of that individual's need for those services." I would just say that under the pending legislation that is not the case. There is a requirement in the bill that stipulates that the veteran would have to go to the VA hospital first, and then the need would have to be determined, and then the service would be provided.

Dr. **BROWN**. But that is authorized already.

Mr. **CHRISTOPHER SMITH**. I know.

Dr. **BROWN**. That's in effect already.

Mr. **CHRISTOPHER SMITH**. That's right. But I think the problem you raise, that my colleague raises, of veterans going out for services without that need being demonstrated, I think is not simply true.

Mrs. **JOHNSON**. If, indeed, the bill requires the need to be determined before the service is provided, and if that is the current system, what's the problem?

Mr. **IBSON**. We may have some difference in understanding the bill's provisions.

Dr. **BROWN**. We do.

Dr. **ROWLAND**. Would the gentlewoman yield?

Mrs. **JOHNSON**. Yes.

Dr. **ROWLAND**. I am somewhat confused by this, too. Under the legislation that is proposed, if a person came to the VA and wanted some treatment, if chiropractors were in the VA, would that person see a chiropractor who might refer that person to the outside, or else treat the person himself, or would the determination be made by an M.D.?

Dr. **RASINSKI**. It is my understanding, sir, that the proposed legislation as it currently stands, permits a patient who is service-connected for a neuromusculoskeletal condition, has been hospitalized within the prior year for a neuromusculoskeletal condition, or is 50 percent or more service-connected to make his own self-referral to a chiropractor. Once such a veteran who has met the requirement of being service-connected for a neuromusculoskeletal condition or 50 percent service-connected, or has been hospitalized for such a problem within the prior year, he may then, on his own self-referral, go to a chiropractor and then the bill would be submitted to the VA for payment.

Mr. ROWLAND. Thank you.

Mrs. JOHNSON. Thank you. That's very helpful.

Mr. EDGAR. Mr. Evans?

Mr. EVANS. No questions.

Mr. EDGAR. Mr. Smith.

Mr. CHRISTOPHER SMITH. Dr. Brown, are there any instances in which the VA feels that it might be beneficial for a veteran to receive chiropractic care, and if so, could you enumerate some of those instances?

Dr. BROWN. Well, I think my response would have to be that we have done a survey—and I have already put it into the record—that we have referred 31 patients this year so far to chiropractors. I do not know what those conditions are or what the indications are.

Mr. CHRISTOPHER SMITH. For the record, could you provide that for us? It would be helpful.

Dr. BROWN. I am not sure it's retrievable, is it? [Conferring.] Yes, we will provide that.[1]

Mr. CHRISTOPHER SMITH. Thank you very much.

Dr. Brown, I would like to get back to the line of questioning that my colleague from New York raised about congressional intent. In Public Law 96–151, the language of the committee accompanying report said that the VA should re-evaluate its position and use its existing authorities to provide, at least on a pilot basis, chiropractic services in appropriate cases as part of the hospital care or medical services furnished to veterans.

Could you elaborate for the committee what specific steps have been taken by the VA to try to accommodate this congressional intent?

Dr. BROWN. Dr. Rasinski?

Dr. RASINSKI. I'm sorry, sir. I didn't hear your question.

Mr. CHRISTOPHER SMITH. Getting back to the congressional intent of Public Law 96–151, which I'm sure you're familiar with, calling upon the VA to set up a pilot program, if necessary, and to do whatever is possible to facilitate chiropractic care for the veteran, could you elaborate for the committee what specific steps have been taken by the VA to try to accommodate this?

Dr. RASINSKI. Well, we have reevaluated and reexamined our position with respect to chiropractic and we have found that, considering the disciplines and the professional services already available for veterans within the system as it currently stands, there is no need to provide chiropractic in addition to what is already available for veterans through the legislation or through the current practices that are already on the books and part of our administrative practices. We already provide the services that are necessary for veterans and have the appropriate professional staff to do so and to meet those needs.

---

[1] See p. 13.

Dr. **Brown**. Mr. Smith, I would like to add that Dr. Rasinski was tasked with the job of doing a complete literature review and a survey of chiropractic. Her presentation was made to the Policy Council of the Veterans' Administration for consideration. It was the recommendation to Dr. Custis from the Policy Council that we maintain our present position.

Mr. **Christopher Smith**. Would you have any indication as to what percentage of the physicians would be prejudiced against chiropractic care? Is there any indication that you have along those lines?

We know there are some physicians who feel it is a good idea and they refer; there are others who feel it is not a good idea and they would withhold referral.

Dr. **Brown**. Mr. Smith, I really don't have a feel for that.

Mr. **Christopher Smith**. One of the reasons, I would say to the chairman, for proposing this legislation would be to encourage this kind of service, because it is my feeling just from looking into this that there is a reluctance on the part of many VA physicians. I don't have the exact percentage, but we have heard case reports and histories where that was the case.

Dr. **Brown**. Mr. Smith, I wouldn't be surprised, because the theory behind chiropractic and allopathic medicine is so different. I certainly would accept that.

Mr. **Christopher Smith**. One final question.

Again getting back to the congressional intent, has there ever been a report made to the Congress or any individual of the House or Senate regarding a followup to Public Law 96-151?

Dr. **Brown**. Not to my knowledge.

Mr. **Christopher Smith**. No further questions.

Mr. **Edgar**. Thank you.

Mr. Slattery.

Mr. **Slattery**. The only observation I would have is that you indicated there have only been 31 patients referred to chiropractic care this year.

Dr. **Brown**. That's right.

Mr. **Slattery**. Out of thousands of patients in the entire system?

Dr. **Brown**. We surveyed the hospitals by telephone and got a count. But I must admit that our tracking system is not good.

Mr. **Slattery**. Then is it your view that the present system doesn't need any change at all? Are you content with the present authority that you have, or do you think the VA should be given additional authority in this area to perhaps more fully utilize modern chiropractic care?

Dr. **Brown**. I think that our authority is quite sufficent now. We can use——

Mr. **Slattery**. So you're opposed to any change; is that your position?

Dr. **Brown**. That's accurate.

Dr. **Rasinski**. May I clarify one statement? The data regarding the referral of 31 patients so far this year for chiropractic care was based just on a telephone survey of about 50 of our hospitals.

Mr. **Slattery**. How many total patients were involved in the 50 hospitals, just roughly?

Dr. **Rasinski**. I couldn't guess because they were from some of our typical hospitals throughout all the six regions. I asked the regional directors to get small and large hospitals, affiliated and nonaffiliated. So a similar survey could be done of all the hospitals——

Mr. **Slattery**. Is it several thousand at least?

Mr. **Edgar**. If the gentleman would yield, for the record why don't we provide information on how many referrals to date this year have been referred for chiropractic services.

Dr. **Brown**. Mr. Chairman, we will provide that.

[Sebsequently, the Veterans Administration furnished the following information:]

A survey of all VA medical facilities for the period October 1, 1982, through June 30, 1983 yielded the following information concerning chiropractic care authorized by the VA:

A. Total number of veterans referred to chiropractors by VA or authorized fee-basis physicians—54.

B. Total number of visits—705.

C. Total cost to VA—$17,810.

D. Diagnoses and number of veterans referred for each:

a. Muscle spasms, inflamation, etc.—4.

b. Arthritis—13.

c. Back pain—34.

d. Tendonitis—2.

e. CVA—1.

E. Total number of chiropractors involved—45.

Mr. **Solomon**. Would the gentleman yield?

Mr. **Slattery**. I would be happy to.

Mr. **Solomon**. I am a little confused now. There have been 31 referrals, is that what you're saying?

Dr. **Brown**. Thirty-one referrals to chiropractors from 50 of our hospitals.

Mr. **Solomon**. Do we have any information on how many requests there have been that generated those 31 referrals?

Dr. **Brown**. You mean patient requests?

Mr. **Solomon**. Yes.

Dr. **Brown**. No, sir, I have no feel for that.

Mr. **Solomon**. Is there any way of recovering that information?

Dr. **Brown**. No; I don't think so, because remember I said the physician is the decider, he's the prescriber of care. It is his decision. There would not be a record of patients coming in and asking for referral to chiropractic.

Mr. **Slattery**. So, to reclaim my time, we have really no way of knowing, for example, if patients have been admitted to a VA hospital and they indicate to the physician supervising their care that perhaps they have been in the care of a chiropractor for a number of years and have a lot of confidence and have personally experienced results in the treatment, the physician in charge of that particular patient's care can basically say, "Sorry, that's a bunch of nonsense; you're under my care now and you're in the VA hospital and we're going to do this differently." And the patient is in the position where he or she says, "Thank you very much" or leaves.

Isn't that basically what you're saying?

Dr. **Brown**. What I'm saying is what you said is accurate in the sense that there is no record of that. We don't know how many patients have asked.

Mr. **Slattery**. Mr. Chairman, I would just observe that if we were really interested in getting into this, as we should be, that that seems to be some really important information that would help us make this kind of decision, as to whether there is requests for treatment being denied. I think it is something we should try and determine.

Mr. **Edgar**. If I understand the testimony correctly, I think that information is not presently available. I think maybe the gentleman would like to have a conversation with Dr. Brown about the ways in which that information could possibly be provided. We did ask for the record for a specific listing of the 172 hospitals of those who have, in fact, been referred. I think if you speculate from 50 hospitals to 172, you're talking less than 100 referrals probably.

The question you raise is an interesting one, and that is how many requests were made, and we did ask a similar question earlier. But I think that needs a conversation between the gentleman and Dr. Brown.

Before Dr. Rowland takes the mike, let me make an announcement. We do have our second in a series of field hearings in the Chicago area scheduled for next week, on the 7th and 8th of July, where we will be spending a good deal of time looking at veterans' health care facilities in the Chicago area. I urge my colleagues to participate as much as possible. Our host, Lane Evans, will treat us to a very outstanding time in the great State of Illinois. But I just wanted to make note of that while everyone is here.

I would also like to say to the VA witnesses that we appreciate your help in scheduling and working out the details of those six regional hearings that we are holding. The first one in Pittsburgh went very well and we anticipate the same in the Chicago area.

Dr. Rowland?

Dr. **Rowland**. Recognizing there are many physicians who are prejudiced against chiropractors, the fact that a patient comes in and asks for a specific type of treatment does not legitimize it. For example, a patient may come in and say "I've got a bad cold and I want a shot of penicillin." Penicillin is no good for a cold. We know that. A patient may come in and say "I want to see a chiropractor" where in that particular instance a chiropractor may not be appropriate, whereas in other instances a chiropractor may be appropriate.

Is that true?

Dr. **Brown**. Yes, sir, that's the reason I say the physician is key in his decision as the prescriber of care.

Dr. **Rowland**. So just because a patient asks for a specific thing does not make it right or in the best interest of the patient?

Dr. **Brown**. I would certainly agree, sir.

Dr. **Rowland**. Thank you.

Mr. **Edgar**. Are there any other questions? I know a number of Members have come in and have not seen the testimony. If not, thank you, Dr. Brown, for your testimony this morning.

Mr. **Edgar**. Our next witness will be Dr. John A. D. Cooper, president of the Association of American Medical Colleges.

STATEMENT OF DR. JOHN A. D. COOPER, M.D., PRESIDENT, ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Dr. COOPER. Thank you, Mr. Chairman. The Association of American Medical Colleges appreciates this opportunity to discuss its views on the provision of chiropractic services to veterans.

The AAMC serves as the national representative for all U.S. accredited medical schools, and more than 400 of the major teaching hospitals, including 97 VA facilities. Its interest in the VA's medical care program stems from the mutually productive relationships that have been developed between the country's medical schools and the VA hospitals since the close of World War II. Affiliation agreements encompassing patient care, medical education, and research now exist between 100 medical schools and 134 VA health care facilities. Thus, the introduction of any modality of treatment for the veteran is of deep interest to those affiliated relationships.

The AAMC's position on the provision of chiropractic care to veterans is that the introduction of any form of treatment for veterans, whether on an inpatient or outpatient basis, should be supported by substantial evidence of its safety and effectiveness. The association is not persuaded that such evidence exists in the case of chiropractic.

A number of distinguished groups have addressed the question of legitimacy of chiropractic as a medical discipline. However, none has established a scientific explanation or proven by scientific method the validity of the chiropractic theory of the origin of disease. In fact, a number of these reports admit that chiropractic lacks a scientific explanation. Not only has the scientific basis of chiropractic practice not been adequately explained, but studies of its efficacy are extremely limited.

A recent review of the matter of efficacy of chiropractic was undertaken by the Office of Technology Assessment of the Congress of the United States upon the request of the Senate Committee on Finance.

The OTA first carried out a literature review of the efficacy of chiropractic. A special literature search was done by the National Library of Medicine which sought well-controlled studies of chiropractic. Additionally, the bibliographies in all published articles that were obtained were examined for further references. The report of a workshop held at the National Institutes of Health in February 1978, on "The Research Status of Spinal Manipulative Therapy" was examined. The OTA report also examined the report of the Commission of Inquiry of 1979 on chiropractic in New Zealand.

The association must agree with the conclusions of the OTA study, that "there remains a lack of serious scientific study of the basis of chiropractic treatment." To date, the efficacy of chiropractic treatment is in large measure limited to patient testimonies in favor of it. One can only conclude that, in view of available studies in the published literature, there have been no well designed clinical trials to evaluate the efficacy and, furthermore, the safety of chiropractic.

It has been argued that patients should have freedom to choose the kind of therapy they receive. While the association acknowledges the right of individuals to select the practitioner of their choice, responsible stewardship of Federal funds require—particularly in these times of limited resources—that expenditures be limited to sound therapeutic procedures.

The fact that the Federal Government now pays for chiropractic services in a variety of programs, including medicare, does not persuade this association that the practice should be extended to the programs of the VA. Previous decisions to include chiropractic services among those that are paid for by the Federal Government were unwise; to now make them available to beneficiaries of the VA would simply compound the original mistake. Moreover, it should be remembered that the VA Department of Medicine and Surgery is a provider of health care, not a financier of health care.

Several hospital and professional associations which once considered it unethical for physicians to engage in professional associations with chiropractors have now revised their stance to permit this. While this approach is in keeping with current views in this country relating to free enterprise, free choice, and competition, it is responsive to considerations which are primarily technical and legal, affecting individual and organizational relationships. This revised position in no way changes the judgment of this association about the lack of scientific validity of the modality under discussion. Unfortunately, it conveys to the public that there has been a change of heart more broadly.

An examination of the curriculum of study involved in the preparation of chiropractors for the practice of their profession is not reassuring. As published by the Foundation for Chiropractic Education and Research, the curriculum does not appear to include pharmacology, materia medica, or therapeutics. While many chiropractors limit their practice to manipulation, others treat a wide spectrum of problems through a variety of approaches, including drugs. Utilization of drug therapies by those who have not seriously studied, much less mastered, a body of knowledge about their origin, use, effectiveness, side effects, and contraindications is disturbing. From what we can learn of the training requirements and the practice itself, chiropractic allows persons with limited qualifications to practice medicine under another name. To permit this may result in delay of appropriate care and early diagnosis, increased complications, and the denial of proper diagnosis, evaluation, and therapy to many patients.

The medical schools and medical faculties of this country share the concern of this distinguished panel with the quality of health care afforded the American veteran. There is an old saying, "When in doubt, don't." There is more than a shadow of doubt as to the validity of the theory since in 85 years no objective, scientific studies have been forthcoming to substantiate the required facts. There is more than a shadow of a doubt that the chiropractic treatment is efficacious for other than a very narrow set of circumstances. When in doubt, don't. Cost considerations aside, the AAMC sees no persuasive evidence that permitting reimbursement for chiropractic services in the Veterans' Administration system, and thereby signaling to veterans that chiropractic constitutes a safe and effective mode of treatment, would be a sound decision.

Thank you.

[The statement of Dr. Cooper appears at p. 68.]

Mr. **Edgar**. Dr. Cooper, in the many teaching hospitals that we have thoughout the country are there chiropractic services in those hospitals?

Dr. **Cooper**. Not to my knowledge.

Mr. **Edgar**. Do you know if there are any chiropractors on the faculty of those colleges or universities?

Dr. **Cooper**. Not to my knowledge.

Mr. **Edgar**. Thank you.

I yield to Mr. Smith.

Mr. **Christopher Smith**. Thank you, Mr. Chairman.

Dr. Cooper, in your testimony you state that previous decisions to include chiropractic services that are among those paid for by the Federal Government were, in your opinion, unwise. Would you then be advocating then that those decisions be reversed, including the deductibility aspect of the Federal income tax returns?

Dr. **Cooper**. We believe that any payment, direct or indirect, for medical care should be for care that has been established on a sound basis of scientific knowledge.

Mr. **Christopher Smith**. You are then saying the inclusion of these services under medicare and medicaid is not sound?

Dr. **Cooper**. Yes.

Mr. **Christopher Smith**. On page 5 of your testimony you indicate:

> From what we can learn of the training requirements and the practice itself, chiropractic allows persons with limited qualifications to practice medicine under another name.

As was previously pointed out by one of my colleagues, 35 percent of the chiropractors have received at least part of their training with GI funds, under the GI bill of rights. Are you also saying that is a waste of money?

Dr. **Cooper**. In the same way that we feel that Federal loans for the education of U.S. citizens in medical schools in the Caribbean should be determined on the basis of whether that education is adequate. I guess we would have the same view.

Mr. **Christopher Smith**. Could you describe some of those training requirements, the number of years in school?

Dr. **Cooper**. For chiropractic?

Mr. **Christopher Smith**. Yes.

Dr. **Cooper**. The last that we have is that there is a requirement for at least 2 years of high school and approximately 4 years of chiropractic study in a chiropractic school.[1]

Mr. **Christopher Smith**. You're saying there are some who have not graduated high school?

Dr. **Cooper**. No, no, they have—Oh, I don't know whether they have or not.

Mr. **Christopher Smith**. You said at least 2 years of high school.

---

[1] See letter of clarification from Dr. Cooper on p. 73.

Dr. Cooper. That was the last we saw of the requirements. Whether all of those who enter have graduated from high school or not I couldn't say.

Mr. McEwen. Would the gentleman yield?

Mr. Christopher Smith. Yes.

Mr. McEwen. Could you tell us, Dr. Cooper, where you get this information?

Dr. Cooper. We got it from the literature that I cited.

Mr. McEwen. From the literature you cited?

Dr. Cooper. Yes, on page——

Mr. McEwen. But you have no personal knowledge or research as to the curriculum of the chiropractic college or its entrance requirements?

Dr. Cooper. No.

Mr. Edgar. I think, if the gentleman would yield, we have two different associations of chiropractors who will be coming on before us. I think they are more adequately prepared to talk about what their credentials and qualifications will be. I think that may be a good area to inquire about.

Mr. Christopher Smith. Mr. Chairman, the reason for raising it is that Dr. Cooper is talking about training requirements. I think it is important that we know what the Association's understanding of those requirements is.

Just to make sure this is correct on the record, you are saying 2 years of high school, that they need 2 years of high school?

Dr. Cooper. The last that we saw of the requirements say that at least 2 years of high school are required. Whether that has changed, I cannot tell you.

Mr. Christopher Smith. When was that, Doctor? How long ago was that?

Dr. Cooper. That was 1979, I think.

Mr. Christopher Smith. Thank you.

Mr. Edgar. Are there any other questions? Mr. Solomon?

Mr. Solomon. I have just one question.

Doctor, in your testimony on page 5 you say there is more than a shadow of a doubt that the chiropractic treatment is efficacious for other than a very narrow set of circumstances. Could you be more specific on that narrow set of circumstances? In other words, what circumstances are there where there is medical proof?

Dr. Cooper. There are physical therapies used on neuromuscular problems of the back, and this is done sometimes by orthopaedic surgeons, sometimes by physical therapists, and I assume by a chiropractor.

Mr. Solomon. Thank you. No further questions.

Mr. Edgar. Any further questions on the Democratic side? Mr. McEwen?

Mr. McEwen. Thank you, Mr. Chairman.

Dr. Cooper, have you ever worked for the Government?

Dr. Cooper. I have worked as a consultant for the Government.

Mr. McEwen. I just noticed in your testimony on page 5 you said "when in doubt, don't." I just thought maybe that was a carryover from Government service.

Dr. Cooper. We do have that view in other areas as well.

Mr. McEWEN. The Foundation for Chiropractic Education and Research, can you explain to me what organization this is?

Dr. COOPER. No, I can't any more. It is a publication. I don't happen to have a copy of the report with me. I can certainly provide you with a copy of the report, or a Xerox, if you wish.

Mr. McEWEN. So we are judging the curriculum in a chiropractic college and its entrance requirements based on a publication; is that correct?

Dr. COOPER. Several years ago when we testified in the Senate on the medicare provisions, we reviewed some of the requirements. This was our impression and remains our impression. I think the important thing is, we base our views on the fact that an adequate number of scientific studies have not been made to establish the efficacy and safety of chiropractic treatment.

Mr. McEWEN. How are chiropractors licensed as a rule?

Dr. COOPER. I don't know all of the State licensure laws. There is usually a medical licensure board which may license in some States all practitioners, either full or limited practice practitioners, and some I think there are separate boards for various health professions.

Mr. McEWEN. What percentage would you suspect of the medical boards license chiropractors to treat a wide spectrum of problems through a variety of approaches, including drugs?

Dr. COOPER. I can't tell you the percentage. There are States in which they do, though.

Mr. McEWEN. Medical licensing boards license chiropractors to prescribe drugs.

Dr. COOPER. The State law provides for licensure of chiropractors to carry out more than spinal manipulation.

Mr. McEWEN. And they are licensed to treat a wide spectrum of problems through a variety of approaches, including drugs?

Dr. COOPER. That's our understanding.

Mr. McEWEN. That's your understanding?

Dr. COOPER. Yes.

Mr. McEWEN. I will be anxious to receive more testimony on that because I am sure that will come as quite a startling revelation to those practicing chiropractors who are licensed under the medical boards, including members of the medical boards in various States that expressly prohibit such practice throughout the 50 States.

Dr. COOPER. The licensure laws of the States vary from State to State with regard to the composition of the body that makes a decision about each health profession. In some cases there is one medical licensure board. In others, there may be more than one medical licensure board.

Mr. McEWEN. Except for a handful of exceptions, though, the medical licensing board licenses chiropractors in most States, do they not?

Dr. COOPER. I'm sorry, I don't have that information.

Mr. McEWEN. Well, I will share that information with you.

That brings me to the next point I have underlined here. "Chiropractic allows persons with limited qualifications to practice medicine under another name." Isn't that somewhat irresponsible for these medical licensing boards to permit this to go on?

Dr. COOPER. I can't speak for the medical licensure boards.

Mr. MCEWEN. Yet your testimony is that that is the opinion of the American medical colleges. You are stating that is what is being licensed in various States under the medical boards.

Dr. COOPER. If the license permits the use of drugs and there is not adequate education and training in the aspects of the utilization drugs I have talked about, yes. If there is not adequate education and training in the use of diagnostic and clinical laboratory procedures, and those are used to make a diagnosis, yes.

Mr. MCEWEN. Doctor, have you been in private practice?

Dr. COOPER. I was with Northwestern University Medical School for 30 years, and during that period of time I did treat patients as a member of the faculty. It was a practice largely limited to radiotherapy with radioisotopes.

Mr. MCEWEN. At this time did you in your practice, at all encounter chiropractic patients or chiropractors as such in your work?

Dr. COOPER. In personal cases which would be largely, say, the treatment of carcinoma of the thyroid and in some other disease, I don't remember any particular patient of mine that had been treated by a chiropractor.

Mr. MCEWEN. Or encountered chiropractors as such?

Dr. COOPER. No.

Mr. MCEWEN. You mentioned that they practiced medicine under another name and using drugs. In this limited encounter, which you didn't personally argue, where did we get the information that chiropractors perform this sort of activity?

Dr. COOPER. In a review of the permission for the licensure which my staff did.

Mr. MCEWEN. Under the medical boards?

Dr. COOPER. Whichever board.

Mr. MCEWEN. Thank you, Mr. Chairman.

Mr. EDGAR. Are there further questions for Dr. Cooper?

Mr. RICHARDSON. Mr. Chairman, I would just like to ask Dr. Cooper—and I can't stay for the whole hearing. But I represent a rural area in New Mexico, where the veterans hospital in Albuquerque serves the entire State. I have got areas in the deep Hispanic and Indian areas where a trip to the hospital is sometimes 300 or 400 miles and access is extremely difficult.

What do you tell a veteran that might be able to get chiropractic care from somebody near his home or his town, to tell them there is no option such as that? I have a dual problem in that the administration is trying to close down all my rural health clinics. So what do I tell that veteran, that he's got to pack up and go to the VA hospital in Albuquerque and perhaps a chiropractor could take care of his ailment—I mean, what about some of these rural areas that seem to be forgotten in just about everything we do in this Congress?

Dr. COOPER. Mr. Richardson, although I was born in El Paso, Tex., I grew up in Las Cruces, N. Mex.

Mr. RICHARDSON. Then you know what I'm talking about.

Dr. COOPER. I know the State very well. However, I will say to you that there has been an amazing influx of physicians into the

State and into more rural areas than was the case when I left the State in 1939.

If the condition is so serious that it makes it very difficult for the individual to get to a veterans' installation, I think it would be unfortunate if he didn't have an opportunity to be viewed by a physician at that time. If it is not that serious, then the question is his or her ability to get to the veterans hospital. I know it's a problem because of the size of the State.

Mr. RICHARDSON. You know, Mr. Chairman, I am not going to get into this, but I sense from some of the testimony that I glanced at that there is a basic view, that there seems to be a notion that chiropractic care for some reason scientifically is not proven to be medically strong. I just have sort of a concern that the hearings today might just continue to establish such a record.

I come from a State where chiropractors are all over, and their reputation as an association is a good one. I think our main concern as members of this subcommittee is to provide proper health care for veterans—and you have been a champion of the Vietnam veteran—and what happens in the last 2 days, whether it is job training or housing or whatever we try to do, or you try to do, with agent orange, this administration turns a deaf ear. Now I read in the testimony that the view is that the option to use chiropractic care should not be exercised, not even trying a pilot program, and I sense—I just don't understand the rationale. I guess I should wait for the VA spokesman. I don't know if they have come up——

Mr. SOLOMON. Would the gentleman yield?

Mr. RICHARDSON. I will yield.

Mr. SOLOMON. Just a little constructive criticism. The gentleman keeps saying the administration is opposed to this and is opposed to that. But in fact, during the campaign, just for the gentleman's interest, myself and Senator Schweiker headed up Candidate Reagan's task force on health and human services. There was a national member of the chiropractic profession on that task force at the request of the President. So the President is not opposed to chiropractic. Perhaps you ought to talk about the VA because I share your view there. I had been somewhat critical, before you came in, of them. But we have to differentiate a little bit between the administration and the VA itself.

Just a little constructive criticism for the gentleman.

Mr. RICHARDSON. If the gentleman will yield, I sometimes fail to see the difference. I mean, the administration is the head of Government. I have argued like you have many times for the strength of helping veterans, and we just can't separate the two. We have sat in this committee many times when quietly we hear the VA professionals are for this program but, really, it is David Stockman and OMB is not. I just beg to differ with the gentleman on that, that we have got a problem and I think we should recognize that, as much as we try to be bipartisan—I mean, you're the ones in the White House, not us. For that reason, I would just like to differ with the gentleman in good conscience.

Mr. MCEWEN. If the gentleman would yield, I would just add 30 seconds to this discussion.

I wholeheartedly agree with what you have said here, except to add that after about 5 terms, I think you will discover there is a

Government unto itself that can consume Max Cleland and can consume various and sundry other people throughout Washington.

Mr. SOLOMON. That's why we need the legislative veto badly.

Mr. EDGAR. As one opposed to the legislative veto—[laughter]—but holding the gavel, I am pleased to referee.

For the gentleman's information, the VA has already testified and they have come out strongly against any changes in present practice. They did talk about a pilot program. Just for the gentleman's information, hour No. 1, which has just been completed, was to hear from the VA and from the Association of American Medical Colleges and Universities.

Hour No. 2 goes to hearing the chiropractic organizations and my guess is there is a divergence of opinion on this particular issue in the real world as well.

I would like to ask unanimous consent that the statement of the American Medical Association be inserted in the record at this point. Without objection, so ordered.

[The statement appears at p. 68.]

Mr. EDGAR. Dr. Cooper, we appreciate your coming today, and we appreciate your answering the questions.

Dr. COOPER. Thank you very much.

Mr. EDGAR. Our next witness will be the president of the American Chiropractic Association, Dr. Kenneth Padgett. Dr. Padgett, we welcome you here today and we would ask that you keep your opening statement to 10 minutes, if you could, and also, before you begin, would you introduce those who accompany you today. Thank you for your patience.

Dr. PADGETT. Thank you, Mr. Chairman.

With me today is David O'Bryon, who is our director of congressional relations, and Harry Rosenfield, who is our Washington counsel.

Mr. Chairman, before I begin my presentation to this committee, I would like to clear up some of Dr. Cooper's remarks. He is wrong about the required preliminary education. It is 2 years of college, not 2 years of high school. He is also wrong about chiropractors prescribing drugs. This is not so in any State that I know of.

The FCER is a self-financed group that finances chiropractic education and research. If Dr. Cooper is concerned about chiropractic research, we hope that he will support Federal funding for such research.

STATEMENT OF DR. KENNETH W. PADGETT, PRESIDENT, AMERICAN CHIROPRACTIC ASSOCIATION, ACCOMPANIED BY DAVID O'BRYON, DIRECTOR OF CONGRESSIONAL RELATIONS, AND HARRY ROSENFIELD, WASHINGTON COUNSEL

Dr. PADGETT. Good morning. My name is Dr. Padgett. I am the president of the American Chiropractic Association. I will not read my entire statement this morning, so I ask that the committee place my complete prepared statement in the record.

Mr. EDGAR. Without objection, your whole statement will be made a part of the record.[1]

---

[1] See p. 74.

Dr. **Padgett**. Thank you, Mr. Chairman.

The American Chiropractic Association is a professional organization of 19,000 members. We represent a majority of the Nation's chiropractors. The ACA wishes to thank the full committee chairman, Congressman Montgomery, as well as the subcommittee chairman, Congressman Edgar, for calling these hearings to consider chiropractic care for veterans. We also appreciate the staff time it took to organize these hearings.

Several decades ago, the ACA would have had a far different piece of testimony to offer this subcommittee. Since that time, the chiropractic profession has done a great deal to upgrade its standards and achieve widespread recognition. These advancements have not been through Federal largess. Rather, through strenuous self-examination and rigorous upgrading of educational standards, the chiropractic profession has prospered despite opposition from its competitors in the health care delivery system.

To become a licensed chiropractor today is a long process, indeed. After undergraduate study, which must include a prescribed coursework in the sciences, the chiropractic student enters a 4-year college for his or her professional education. Chiropractic colleges are accredited by the Council on Chiropractic Education, which is the officially recognized accrediting body by the U.S. Department of Education.

CCE's status with the Department of Education is similar to the educational status of other health professions. As in other professions such as medicine, the chiropractic student sits for his or her national boards as part of the licensure process. Individual States generally accept this testing process as only one step toward licensure. Usually, States require additional examinations and practical tests before the student completes the licensing process. The national chiropractic board today encompasses not only the basic science exam material, but also additional testing on chiropractic and manipulation.

All 50 States and the District of Columbia do license chiropractors. With a few glaring exceptions, the Federal Government accepts chiropractic care as part of the Nation's health care delivery team. Chiropractic services are covered in medicare, medicaid, the Vocational Rehabilitation Act, the Longshoremen and Harbor Workers' Act, Federal employee health benefits plan, and the IRS permits chiropractic as a medical deduction. In recent years chiropractic became part of the Health Professions Act, thus making chiropractic students eligible for the HEAL programs. By law, HHS has added the chiropractic profession to its list of professions upon which to collect data. The immediate past Secretary of Health and Human Services, Richard Schweiker, appointed a chiropractor to serve on one of his advisory councils. Chiropractic is included in many commercial insurance policies as well as a variety of labor/management health and welfare plans.

According to statistics publicized in Medical Economics, referrals to chiropractors from medical doctors have more than doubled from 1975 to 1981. Sixty-eight percent of the patients responding to a 1982 Medical Economics patient attitude survey say they have sought treatment from a chiropractor. ACA's 1980 "Opinion Survey II" reflected similar findings showing that 95.8 percent of the chiropractors referred to medical doctors and 74 percent reported medical doctor referrals to them. Additionally, 49 percent of the chiropractors responding to the survey said they had treated medical doctors as patients during their career.

It is with these facts to support me that I present ACA's position to you today. ACA strongly supports the inclusion of chiropractic care as part of the health care available to veterans through the Veterans' Administration. Our veterans deserve the same choice of health care to which all Americans are entitled. To abridge these individuals health care opportunities when we as a nation have decided they deserve some additional benefits is an injustice.

A number of veterans' groups have spoken out in favor of chiropractic inclusion in veterans' health programs. Among them are the VFW, the Military Order of the Purple Heart, the Disabled Officers Association, Non-Commissioned Officers Association, and the Disabled American Veterans. These groups recognize the importance of chiropractic care for their fellow veterans.

What about cost? Won't the addition of another health care provider increase the expenses of the Veterans' Administration? These are the questions most frequently raised in opposition to the inclusion of chiropractic in the Veterans' Administration. Numerous studies of State worker compensation records have been conducted. These studies prove that chiropractic care can provide dramatic savings in time and money. Researchers found that chiropractic patients were returned to the work force more quickly and at less cost than medical patients. Additionally, the cost of chiropractic care to the Veterans' Administration would not be that of an additional service but, rather, an alternative to services which are already provided. Similar to the choices between an optometrist and an ophthalmologist, or an M.D. and a podiatrist, chiropractic would be an option open to veterans.

The Veterans' Administration has the responsibility to provide the full range of quality medical care to its charges. The Veterans' Administration has stated in the past that they meet the needs of all veteran patients. The veteran groups speaking for their memberships have generally said they want chiropractic services made available. The patients are speaking and asking for chiropractic. In a letter to the chairman of the Senate Veterans' Affairs Committee, Alan K. Simpson, dated May 12, 1983, VA Administrator Harry Walters said,

> We note that under existing authority a treating VA physician may refer a veteran eligible for VA medical treatment to a chiropractor for treatment on a fee basis. Concededly, this authority is seldom, if ever, used.

As the committee is already aware, S. 567, which provides for chiropractic care by the Veterans' Administration, has been incorporated into S. 578 and has been approved by the full U.S. Senate Veterans Affairs' Committee this year. Similar legislation has passed that body in past years. H.R. 3016, introduced by Congressman Christopher H. Smith, a member of this subcommittee, provides for a similar pilot program for chiropractic services to veterans. These legislative initiatives are in part a response to the Veterans' Administration's reluctance to utilize chiropractic services.

The Veterans' Administration's Department of Medicine and Surgery has the complex task of caring for the ailments of the Nation's veterans. They handle this responsibility through a variety of administrative procedures. Health care providers are hired full time, some are hired part time, and others on a fee-for-service basis. The compelling reality is that the Veterans' Administration health care system today is not a mirror of the health care system in the private sector. Private insurers have easily incorporated chiropractic into their administrative processes over the years.

As this committee considers its options on chiropractic care for veterans, let me make several suggestions. A full range of contract care with chiropractors is available. Chiropractors could be hired by the Veterans' Administration in a fashion similar to some of the current arrangements with podiatrists and optometrists. Part time or fee-for-service arrangements are also possible. Chiropractic clinical operations are easily established, and needed X-ray equipment, for example, is readily available at the Veterans' Administration's facilities.

In view of the aging veteran population, it would also be in their best interest to change one word in H.R. 3016. It now provides that chiropractic manipulation should "correct" a subluxation. We suggest substituting the word "treat" for "correct" to protect the veterans.

Some of the legislative initiatives to establish a pilot program for chiropractic services limit which veterans would be eligible for care, even though there is a monetary cap on overall expenditures. The monetary cap should satisfy the need to limit which veterans would be able to receive the services. All veterans eligible for health care benefits should be able to receive chiropractic care. In this way, the Veterans' Administration will be able to give Congress an accurate report on the demand for chiropractic services.

The budgetary allotment for the pilot program will effectively control what is normally a major concern—an open-ended entitlement program. At this juncture there are two important items to note: One, the Veterans' Administration acknowledges its authority to provide chiropractic care; and two, that authority does not place on it the limitations on eligibility that H.R. 3016 would impose.

Respectfully we suggest that instead of a pilot program the Congress should enact a permanent program. The evidence is overwhelming and convincing from both private and Federal programs that chiropractic is an important and necessary part of the health care delivery system, especially for veterans. Therefore, in our judgment, Congress should authorize chiropractic on a regular basis, bearing in mind that in 3 years the committee would hold oversight hearings to see if any changes were necessary as to authorization or to the financial arrangements of the program.

The ACA stands ready to assist this committee and the Veterans' Administration in an effort to meet the veterans' health care needs. Other Federal agencies have created a mechanism for chiropractic reimbursement. The veterans of this Nation look forward to this benefit.

In closing, let me reiterate our appreciation for the invitation to appear today at these hearings. Thank you for turning the committee's attention to chiropractic care for veterans.

[The statement of Dr. Padgett appears at p. 74.]

Mr. **Edgar**. Thank you, Dr. Padgett.

Dr. Padgett, would you give us the benefit of a little biographical sketch of yourself in terms of your training?

Dr. **Padgett**. I graduated from chiropractic college in 1951. At that time——

Mr. **Edgar**. Which school?

Dr. **Padgett**. Lincoln Chiropractic College out in Indiana, sir. That school is no longer in existence as it was then. It is now affiliated with the National Chiropractic College in Lombard, Ill.

Mr. **Edgar**. How many years of education did you receive?

Dr. **Padgett**. That was 4 years of education. At that time there was no preliminary education requirement in the State of New York, which there is presently. At that time you could just go from high school directly into chiropractic college. As I stated, we have upgraded our educational standards and the CCE requires today that you must be an undergraduate before you can enter any of the chiropractic colleges.

Mr. **Edgar**. Have you had any in-service training since the original training?

Dr. **Padgett**. Post-graduate training, is that what you mean? Yes, I have gone periodically to schools, but not for long periods of time. Just to upgrade. I am licensed in five States other than the State of New York, and we have mandatory educational requirements in some of those States for licensing, yes. I have to go every year.

Mr. **Edgar**. Thank you. I appreciate that background sketch.

Dr. Padgett, on page 6 of your testimony you state that in no other Federal program, however, other than the Veterans' Administration, are chiropractic services available only under the prescription of a medical doctor, an M.D. The other Federal health care delivery systems are the Department of Defense, the Public Health Service, the Indian Health Service, and certain department clinics.

Do these organizations use the medical doctor referral system, and would you please explain your statement?

Dr. **Padgett**. Mr. Chairman, not to my knowledge, but I would ask Mr. Rosenfield to expound on that.

Mr. **Rosenfield**. Mr. Chairman, the major health service operated directly by the Federal Government, as Dr. Brown indicated, was the Veterans' Administration. In comparison with the other programs, which are relatively minor, even though the DOD is an important on, the answer is as given in the statement.

Mr. **Edgar**. How does the Department of Defense handle referrals to chiropractic services?

Mr. **Rosenfield**. It does not.

Mr. **Edgar**. They do not refer chiropractic services.

How about the Indian Health Services?

Mr. **Rosenfield**. I must honestly say, Mr. Edgar, I don't know. But my best judgment is they do not.

Mr. **Edgar**. How about the Public Health hospitals?

Mr. **Rosenfield**. Public Health hospitals have never had a chiropractor on their staff.

Mr. **Edgar**. Continuing on page 6 of your statement, you state the VA health care system today is not a mirror of the private sector health care system and that private insurers have easily incorporated chiropractic services into their administrative services. I think both of us would agree that the VA is not an insurer of health care service but a provider.

How many health delivery systems, such as hospitals and medical clinics, have incorporated chiropractic services into their processes today? The point I'm making is, you make the statement about insurers, which I agree with, that there are many private sector insurers who do provide insurance coverage, payment in kind for chiropractic services. What I am asking is, how many health delivery systems, not insurance systems but health delivery systems, such as hospitals and medical clinics, have incorporated chiropractic services into their day-to-day operations, into their system, both with chiropractors on the staff as well as referring to chiropractic services?

Mr. **Rosenfield**. Mr. Chairman, if I may be permitted to respond to that, I think you must remember that under present arrangements the Joint Committee on the Accreditation of Hospitals forbids hospitals from providing chiropractic membership on the staff on penalty of disaccreditation of the hospital. Now, that is in the process of being changed. That is in the process of being eliminated, that bar. But it has not yet been eliminated and, therefore, I have given this preliminary information to indicate to you that hospitals are forbidden to do that under current practice, which controls their accreditation and their economic lifeline. So a long answer to your question is substantially none.

Mr. **Edgar**. The point you make I think is well taken, in terms of the accreditation of these facilities. The VA also has to be accredited in terms of their health care facilities.

What impact do you think it would have on the VA if direct service or increased service for chiropractic care were permitted by the VA? Would they, in fact, have an impact on their accreditation much like the private sector hospitals?

Mr. **Rosenfield**. I believe not, under the current plans of JCAH to remove that bar. I might also bring to this committee's attention——

Mr. **Edgar**. Can you give us some data on when they plan to remove that?

Mr. **Rosenfield**. I think it is in the process now. It is just a part of the administrative process of a very reliable and important organization that takes time to change gears.

I think this committee also ought to know, and I think it's very important, that the Department of Health and Human Services has issued a preliminary and proposed regulation concerning hospitals that are paid from or receive funds from the Federal Government under medicare and medicaid, and for the first time, Mr. Chairman, HHS is saying that chiropractors must be accredited as any other group must be accredited that is admitted to hospital facilities and hospital staffs.

That does not mean that an individual chiropractor must be admitted, any more than an individual M.D. must be admitted, but that the HHS, just as JCAH, is removing what has been for practical purposes a bar against chiropractors on hospitals. With those bars removed, Mr. Chairman, in due time, I think the answer to your key question would be many hospitals would provide that service.

Mr. **Edgar**. Thank you.

I yield to my colleague from New Jersey, Mr. Smith.

Mr. **Christopher Smith**. I yield to my friend from New York.

Mr. **Solomon**. I thank the gentleman for yielding.

Dr. Padgett, I am 1 hour and 20 minutes late for a Foreign Affairs meeting. I did want to just add a little bit to your modest answer to the chairman's question about your background and profession.

Just for the record and so that the committee will know, Dr. Padgett is an outstanding chiropractor in the State of New York and has been over the years primarily responsible for upgrading the chiropractic profession, and also the licensing procedures in the State of New York to a point now that chiropractic is widely accepted in the State.

I thought I would just add that to your qualifications, Dr. Padgett.

Dr. **Padgett**. Thank you, Mr. Solomon.

Mr. **Solomon**. One quick question because I do have to go. In your prepared testimony you indicated that medicine states that chiropractic is not a valid scientific discipline. Could you just expand on your answer to that in your statement which you just gave because you had to be brief?

Dr. **Padgett**. I think that you heard that statement made earlier by the previous testimony that was given. This is the same answer that we have heard for years.

You must remember that the chiropractic profession has to do all its own research. We have accomplished what we have without one Federal dollar for research.

We would more than welcome money from the Federal Government to do research if the gentleman would be glad enough to help us get it, but right now we are not concerned so much with the scientific—we do have our own Federal research program going, as you alluded to earlier, FCR.

Did I answer your question, Mr. Solomon?

Mr. **Solomon**. Yes, it does, Dr. Padgett. Thank you very much.

Mr. **Edgar**. Mr. Chairman, the gentleman from New Jersey has 3 additional minutes.

Mr. **Christopher Smith**. Thank you I want to commend Dr. Padgett for his very fine statement. I have a few questions I would like to ask of him.

First, is there any estimate on the number of veterans who have requested some type of chiropractic care from the VA?

Dr. **Padgett**. To my knowledge, I don't believe there is. Maybe the gentleman with me can respond, but it was interesting for me to hear earlier that 31 veterans had requested it.

I would guess that I probably treat 31 veterans in my office every couple of days. Now, granted, all of them may not have service-related disabilities, but the point is if they did have a service-related disability, they would not be allowed to come to my office for treatment.

Are there any figures, David? Do you know?

Mr. O'BRYON. We don't have any figures. In part, the result of years of the Veterans' Administration, in turn, denying or discouraging veterans from asking for it. Many veterans who might want care today would go in and be discouraged or told that the care is not available.

In such, over the course of time, you don't go in asking over and over again when you are told that there is no such care or services provided by the VA under their benefits.

Dr. PADGETT. Mr. Smith, if I might, I can probably easily guess that there has been at least 50 patients in my office that have told me they wanted to have veterans' care. I am near Canandaigua, N. Y., and there is a big VA hospital there.

They have been there and told me that they were informed that they would not be able to be treated by a chiropractor. They would have to pay for it themselves. I have had over 50 myself.

Mr. CHRISTOPHER SMITH. Dr. Padgett, does the license procedure for the chiropractors differ significantly as between the several States? If so, could you explain the differences?

Dr. PADGETT. I have been on the board in New York for the last 9 years. In New York State we are allowed two 5-year terms.

I have 1 more year on the board of examiners. The only thing that I can tell you is that every State does have its own examination. All the candidates must pass a national board first.

All the candidates graduating from chiropractic college must pass the national board. Then they must have a practical exam in each State.

The States do differ, yes. Some of the States are different than others.

Mr. CHRISTOPHER SMITH. Do you know if that information is available because Dr. Cooper indicated in his answer to a question—he gave the impression that some States were far below the standard.

I think it would be helpful if this committee obtained that kind of information.

Dr. PADGETT. That information is available from the Federation of State Chiropractic Licensing Board, which I am also a member of as a result of being on the New York Board. Yes; it is in the back of a booklet.

David, would you see that Mr. Smith gets that?

Mr. O'BRYON. We can provide that for the record.

[The information appears on p. 82.]

Mr. ROSENFIELD. Mr. Smith, may I interrupt for a moment to say that the U.S. Department of Education has recognized the Council on Chiropractic Education, the so-called CCE, as the official recognized accrediting agency for chiropractic, putting chiropractic education on exactly the same level as medical, nursing, engineering, legal education.

All of the States are covered by the CCE standards for its accredited schools. In that regard, the accreditation system has an extremely high level of excellence as its goal.

Mr. **Christopher Smith**. Testimony presented here this morning, doctor, indicated that chiropractic care is merely theory. Do you agree with this analysis?

If not, what types of scientific studies would show otherwise?

Dr. **Padgett**. Well, as I stated earlier, we don't have the Federal funding to do the research we would like to do. I would definitely agree that it is not only theory.

If it was just a theory, I fail to see how chiropractic could relieve the amount of suffering it has relieved for the number of years and still survive in spite of the opposition we have had to put up with for all these years.

It has been the same story. I must say that normally it is because of the lack of education by people that are discussing the issue.

Mr. **Christopher Smith**. Doctor, if you could elaborate a bit, on page 3 of your testimony, you indicate that by law HHS has now added chiropractic profession to its list of professions upon which it is called on to collect data. What kind of data are they collecting?

Dr. **Padgett**. David, do you want to answer that?

Mr. **O'Bryon**. Under the Health Professions Act, which I think next year will come up for renewal, the chiropractic profession is included. That Health Professions Act is a provision in the law that provides to encourage the training of health care providers across the country.

Part of the responsibilities, not only are the chiropractic students eligible for heal alone program, which is a professional program because of the health education process, professional education is so expensive, but the collection of data about the profession so they have an idea of when they reach a certain level, how many chiropractors across the country are needed, that kind of material, how many chiropractors are practicing, that information.

Mr. **Christopher Smith**. One final question, and I thank the chairman for this additional time. What types of surveys have been made regarding the relative costs of chiropractic care for spinal injuries compared to other types of medical care?

Dr. **Padgett**. There has been quite a few number of surveys done. I know there is a large number in the respective States as it relates to workmen's compensation injuries.

In all cases, the chiropractic services have been much more reasonable than the medical services.

Mr. **Christopher Smith**. Could the specifics of that be provided for the record?

Dr. **Padgett**. David, could those be provided?

Mr. **O'Bryon**. Certainly.

[The information appears on p. 181.]

Mr. **Christopher Smith**. I Appreciate that. I yield back the balance of time.

Mr. **Edgar**. I thank the gentleman for yielding back his time. I yield to Dr. Rowland.

Dr. **Rowland**. Thank you very much, Mr. Chairman.

I commend you on the research that you have carried out over the years without $1 of Federal money. May I suggest to you that you not slap that tarbaby, because once you do, you are stuck and you can't get loose from it.

I am interested to hear that the Joint Commission on Federation of Hospitals now has under consideration the acceptance of chiropractics; is that what I understood you to say?

Mr. **Rosenfield**. That is correct, Dr. Rowland.

Dr. **Rowland**. Could you give me the status of that at this particular time? Exactly where is that?

Mr. **O'Bryon**. My understanding is that several proposals have been drafted and floated around. I understand last week, I know the American Medical Association had several resolutions on its convention floor relative to the definition would be a physician and entitled to hospital staff privileges or of like.

That is in the process. They have gone through two or three different redrafts.

Dr. **Rowland**. You don't have any definite evidence at this time that that would be approved?

Mr. **O'Bryon**. No, sir.

Mr. **Rosenfield**. But there is the indication, Dr. Rowland, in the HHS Act of a proposed regulation that does include—now, that is proposed. Now, we understand that there was an enormous response to the solicitation for comments, and that the HHS's normal attentiveness to those responses has delayed its final action.

But in respect to that, there is a clear cut, specific authorization that would include chiropractors.

Dr. **Rowland**. What is the relationship between HHS and JCAH?

Mr. **Rosenfield**. They are independent. JCAH is a private organization which is an accrediting agency.

HHS is a Federal agency which pays out funds under medicare, and in part, under medicaid.

Dr. **Rowland**. What HHS does, does not necessarily follow that JCAH?

Mr. **Rosenfield**. No; it doesn't necessarily or in any other way track with it except by coincidence, they are both on the table at the same time.

Dr. **Rowland**. The purpose of this hearing is not to get into the debate about whether chiropractics or medicine is the correct thing to do, but is there any conflict between the theory of disease as far as a chiropractor is concerned and insofar as traditional medical care concerned at this time?

Dr. **Padgett**. I think that is the question that has to be answered, Dr. Rowland, by each individual. To my way of feeling, no, there is not.

I have been in practice for 30 years in private practice and when I find a case that needs specialized care, I send that patient out. I am fortunate. I practice in a small community. I work very harmoniously with the other practitioners in the area.

I work very closely with the radiologist, with the orthopedic surgeons. Even on occasions, there are occasions where occasionally they recommend patients to me, and we work fine.

There may be a difference in theory to the thinking of some people, but I think that that is just an old tale that has been carried.

Dr. **Rowland**. The theory of chiropractics is changing, then, with the younger chiropractors so far as the cause of disease, the processes?

Dr. **Padgett**. As I say, I can't speak for the individual chiropractor. I think that chiropractic has matured. We have Ph.D.'s now going into chiropractic.

We have a much higher educated student coming out of the colleges today who are more broad minded in a lot of respects when it comes to health care, yes.

Does that answer your question, Dr. Rowland?

Mr. **Rosenfield**. Mr. Chairman, I wonder if in fairness to what is obviously running through Dr. Rowland's mind, it would be well to bring a little historical perspective. I think Dr. Rowland is reaching for something that he has a right to know.

There was a time when it was alleged that chiropractic had one theory of disease. That time has long since passed. Just as the medical profession changed with the Carnegie study back in 1910, chiropractic has changed almost for that same period.

Now, there is no such theory that operates, Dr. Rowland, in chiropractic today. Chiropractic recognizes that there are multiple causes of disease, some of which, many of which it has no legal authority to deal with.

Therefore, as the president of the ACA has testified, they refer such cases out. At this time there is no inconsistency.

There is a specialized approach to chiropractic, just as there are specialized approaches in medicine.

Dr. **Rowland**. Then you found no conflict between the theories that are held in allopathic medicine and chiropractic medicine? They are essentially the same?

Mr. **Rosenfield**. I wouldn't say they are the same. I should permit the doctor of chiropractic to answer.

I say they are parallel and operate together.

Dr. **Rowland**. In your statement, Dr. Padgett—one more question, Mr. Chairman—you say that there are more M.D. referrals to chiropractors now. From 1975 to 1981, there has been a considerable increase in the number of referrals.

In fact, 74.2 percent of the M.D.'s report now referring patients to chiropractors; is that right?

Dr. **Padgett**. That means at one time or another they have referred; yes.

Mr. **O'Bryon**. Seventy-four percent of the chiropractors reported M.D. referrals to them.

Dr. **Rowland**. Yes. OK. In that instance then, why would it be necessary for us to have some additional laws on the book requiring chiropractors to be made a part of the VA when physicians are, in fact, referring more and more patients to chiropractors?

Dr. **Padgett**. Doctor, if I could answer that question. This, as I said, occasionally, even in my area, the physician recommends patients to me.

I happen to be very close friends—if I can elaborate just for a minute—with a physician who I play golf with all the time. He never recommends a patient to me, but we are very close.

I see people constantly that he is treating with neural/muscular/skeletal conditions, eventually they come into my office and we take care of them and usually benefit and usually help them.

Not always will they refer. As I said, at one time or another, as I have indicated earlier when I spoke to you, I have had well over 50 patients in my office who have told me they have gone to the VA hospital and asked for chiropractic care and been denied it.

They have asked for it. Even though they refer occasionally, doesn't mean that they are going to refer all the time when they feel—you know, the way I would like to explain it is the only one that knows when chiropractic care—and I have heard this mentioned earlier about physicians recommending chiropractic care—I think a dentist is the only one that can usually tell when you need dental work or an optomotrist is the one that can indicate whether you need a pediatrist or vice versa.

I think a chiropractor is the only health provider that knows actually when chiropractic care should be needed. I think, by the same token, a chiropractor also knows when medical care is needed.

Dr. **ROWLAND.** You say a dentist is the only one that knows when you need dental care?

Dr. **PADGETT.** Not the only one, but I think he is a specialist in his field. I think a chiropractor is a specialist in his field. No, they are not the only ones. It would be very obvious. I could look at a lot of people and know that they might need dental care, but I think that that is where they should be, where they should receive their care is from a dentist.

Dr. **ROWLAND.** Thank you, Mr. Chairman.

Mr. **EDGAR.** Mr. McEwen?

Mr. **MCEWEN.** Thank you, Mr. Chairman.

Doctor, I would like to just clear up some questions that I had left by the previous witness, especially concerning this licensing situation. When a student graduates from a chiropractic college, what are the next steps before he can begin to practice?

Dr. **PADGETT.** A chiropractic student? In order for a student to even be allowed—and I can only speak for the college in New York, the New York Chiropractic College—unless that student, before the college will even admit him to school, he must satisfy the CC requirements, which is 2 years of education.

After he graduates, in order for him to be licensed, as an example, in the State of New York, No. 1, they must graduate from a CC approved college. They must, first, have completed the national boards, become a diplomate in the national boards.

It means they have set for a national board, written examination, which is administered at the same time throughout the country by a national board from Colorado. After that, they must be examined in the practical aspect of chiropractic as it relates to X-ray and its interpretation—and I am only speaking New York now, sir. Each State has a different requirement.

X-ray to the technique of chiropractic, physical examination and diagnosis, those are the four subjects in the State of New York. I might add that we are examining well over 500 people with a practical examination every year in New York.

Each State has different State exams.

Mr. McEwen. He then passes the national board, and then what?

Dr. Padgett. After the national board, then he has to take the State board. That is what I said.

He must pass the national board. After that he must set for the State board, which is always a practical examination.

Mr. McEwen. In New York, that is only a chiropractic examination, or does he have any encounter with the medical licensing board?

Dr. Padgett. It is a chiropractic examination, but the State of New York, on our examining board, we must, by law, have one medical doctor, one osteopath, one educator, one Ph. D., and two—what we call—public members.

Mr. McEwen. The name of that board is?

Dr. Padgett. The New York State Board for Chiropractics.

Mr. McEwen. Is that traditional? Is it customary that most States have chiropractic licensing boards?

Dr. Padgett. Yes, sir. Some States have—I happened to be licensed, I mentioned earlier, in the State of Virginia. Virginia has what they call—I don't know the exact wording, but it is a medical board which is composed, I believe, of 11 medical doctors and 1 chiropractic physician.

That board puts together the chiropractic examination in that State. So they are each different. Each State is a little different in its composure.

Mr. McEwen. A couple of questions here about the testimony that chiropractors treat a wide spectrum of problems through a variety of approaches, including drugs. To your knowledge and experience as a practicing chiropractor, do you find that that is a proper representation of your profession?

Dr. Padgett. No, sir. As I mentioned earlier in the beginning of my remarks, I corrected the remarks that were made by Dr. Cooper.

I don't know of a State where chiropractors are allowed the use of drugs. In the State of New York we are not even allowed to prescribe or recommend drugs.

Mr. McEwen. Tell us something else about this education question that you answered when you first began in response to questions from the chairman. When you went to chiropractic college, and you received credit hours, say, 3 hours, was that 3 hours a week or were you in class 3 hours a day?

I am looking here at a curriculum that is going to be entered in testimony shortly by the International Chiropractors Association, in which they have the number of class hours vis-a-vis the number of credit hours.

For example, in physiology and chemistry, 468 class hours for which one receives 39 credits, just to give an example; chemistry, 360 hours to 25 credits. In most medical schools, as I understand it, the credits and the hours are the same.

If you have a 5-hour course, you spend 5 hours in the course during the course of the week. In your education, was it 8 to 5 or was it 3 hours a week in each one of those courses?

Dr. Padgett. No, sir. My education was 8 to 5, 5 days a week.

Mr. McEwen. So the 4 years of training in hours would actually be much more significant than if one were to just go with the credit limitations, as is typical in most universities?

Dr. Padgett. Yes, sir.

Mr. McEwen. Most of us when we got to college were appalled at the fact we only went to school 12 hours a week. That was not the case at chiropractic schools, as I understand it.

Dr. Padgett. No. That is correct.

Mr. Edgar. What school did the gentleman go to?

Mr. McEwen. Suntan U., University of Miami.

Mr. Edgar. Lycoming College in Williamsport had quite an extensive curriculum and we went a few more hours than 12, maybe 15.

Mr. McEwen. I crammed 4 years of college into 6 years.

Thank you, Mr. Chairman.

Mr. Edgar. I have one final question of our witnesses. When we scheduled these hearings, we noted that there were two separate associations which represent chiropractic medicine. One is an international group and one is your particular association.

Can you, for the record, state why there are two, what the differences are between the two?

Dr. Padgett. Well, I could state it, but I think we would be here a lot longer than you gentlemen would like to be here. Let me just say this, Mr. Chairman, the two associations have recently endeavored to try to in the future present joint testimony, if that is why you are asking the question.

As to why there are two associations, I think chiropractors have historically always felt that they had to fight. I was a member of the State association in New York. For years we had three associations.

We finally put the three associations together with one association. There is usually a splinter group that is not happy with the type of testimony we are giving.

Those are, sometimes, the group that may give our national groups a little bad reputation, as sometimes you have alluded to here. Some of the problems that we have had in the profession are due to those splinter organization groups.

But the International Chiropractors Association and the American Chiropractic Association are endeavoring to work much closer in the future.

Mr. Edgar. But is there a philosophical difference between the two groups?

Dr. Padgett. As Mr. Rosenfield mentioned earlier, there used to be a lot bigger philosophical difference than there is now. Yes, there is a slight philosophical difference.

Mr. Edgar. Would you state that for the record?

Dr. Padgett. Well, it is very tough because, you see, there is another group, also. There is a third group who even is more conservative in its approach to chiropractic.

I think the American Chiropractic Association would be more broad-scoped thinking; the International Chiropractors Association tends to be a little narrower scope.

There is also another organization who is much narrower in its scope. That is very simple. If you want me to elaborate on it, I can.

But, as I said, it would take a long time.

Mr. EDGAR. I yield to the gentleman from Ohio.

Mr. McEWEN. Would members of the ACA as a group tend to corefer with medical doctors?

Dr. PADGETT. Yes, they would.

Mr. McEWEN. Would members of ICA, in your estimation, tend to corefer with medical doctors?

Dr. PADGETT. I think they do, also. I would have to let Dr. Williams speak for himself.

Mr. McEWEN. To a lesser degree, perhaps?

Dr. PADGETT. I don't think there are any figures. There may be.

Mr. McEWEN. I apologize. I thought that would answer our question.

Dr. PADGETT. No.

Mr. EDGAR. I yield to the gentleman from Georgia.

Mr. ROWLAND. If there is a difference between these groups, these various groups. How would we determine then which one should be brought into the VA and which one should not? If that is not the case, would they all be brought into the VA?

Mr. O'BRYON. Could I take a stab at that one? Perhaps it is similar to a medical doctor who has a conservative approach to practice versus a liberal approach to practice. Some physicians would take a look and diagnose, have a conservative methodology of treating a problem; others, perhaps, might try the drug as another methodology in conjunction with the conservative treatment.

Dr. ROWLAND. Then the different groups in chiropractics do not have differences in theory. Now, the physicians that you mentioned all accept the same theory of disease.

But are you saying that the groups in the chiropractics who have differences, that difference is not based on difference in theory?

Dr. PADGETT. I don't believe there would be that much difference in theory. I think it is a difference in the philosophical approach to it.

I might add that there is a large number of chiropractors that I know of that belong to both organizations. I think Dr. Williams, who is going to testify today, will allude to the same thing.

Dr. ROWLAND. You mentioned a third group.

Dr. PADGETT. That is just another splinter group, very small. They are unrepresented.

Dr. ROWLAND. Do you know what their name is?

Dr. PADGETT. No, I can't give you the exact name right now.

Mr. ROSENFIELD. Mr. Chairman, if I may make an observation in just a second.

Mr. EDGAR. The gentleman is yielded 30 seconds.

Mr. ROSENFIELD. Referring to my own profession of law, there are strict constructionists and liberal constructionists. They are both lawyers, both entitled to practice in the same courts, before the same agencies and appear before this body. It is fundamentally the same difference in chiropractics.

Thank you.

Mr. CHRISTOPHER SMITH. Will the gentleman yield?

Mr. EDGAR. The gentleman from New Jersey.

Mr. CHRISTOPHER SMITH. Perhaps the difference the chairman was seeking to find an answer to, may be found in The American

Legion statement on page 6 where it speaks of the straights and the mixers. Mixers are stated to be those who are primarily concerned with practicing an unlimited form of medical diagnosis and treatment, and the straights seek only to remove a particular kind of interference of the body's natural propensity to produce health.

Is that where the difference may lie between the two?

Dr. **PADGETT**. I don't think there is that much difference between the American Chiropractic Association and the International Chiropractors Association. I think that we are very similar.

Mr. **CHRISTOPHER SMITH**. Thank you.

Mr. **EDGAR**. Thank you for your testimony.

Dr. **PADGETT**. Thank you for your time.

Mr. **EDGAR**. I would like to ask unanimous consent that an opening statement by Mr. Richardson be inserted in the record in the appropriate place. Without objection, so ordered.

[The statement of Mr. Richardson follows:]

STATEMENT OF HON. BILL RICHARDSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW MEXICO

Mr. Chairman, I want to thank you for holding this hearing today to discuss alternative methods for providing health care to veterans, including chiropractic services. Certainly we should closely examine all viable alternatives in order to ensure adequate health care for veterans.

Under current law, the Veterans' Administration physician has the authority to provide chiropractic services directly to eligible veterans or to provide chiropractic care on a contract basis. However, the Veterans' Administration has not chosen to use this authority. The VA contends that available services are adequate to meet the needs of veteran patients.

I am very sympathetic to the concerns of those who support reimbursement for chiropractic services for vets. Many Federal health programs currently pay for chiropractic care. It does seem unfair that veterans do not receive the same privileges afforded other groups.

But I am also concerned about fiscal restraints on Veterans' Administration health care agencies. Many VA health care facilities are being forced to cut back out-patient services that inevitably raises the question of whether we should expand VA health care coverage when many veterans are forced to do without basic health needs.

I have not made any decisions on this issue, and I look forward to hearing all the evidence and testimony at today's hearing. I will weigh the testimony with an open mind and any descisions I make on this issue will be made with the best interests of our veterans in mind.

Again, I want to thank the chairman for holding the hearing today.

Mr. **BILIRAKIS**. Mr. Chairman, forgive me, sir. I would appreciate unanimous consent to enter a written opening statement.

Mr. **EDGAR**. Without objection, so ordered.

[The statement of Mr. Bilirakis follows:]

PREPARED STATEMENT OF HON. MICHAEL BILIRAKIS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Thank you, Mr. Chairman. I am pleased that the Subcommittee is holding this hearing to obtain information on the subject of providing chiropractic care to veterans with neuromusculoskeletal disabilities. This is an issue which needs to be thoroughly and carefully studied and I know I speak for all the Members on the Subcommittee when I say that I greatly appreciate having the benefit of the views and expertise of the various speakers who will be testifying before us today.

There are a number of aspects to this issue which we will be discussing today and in our future deliberations on this topic. Freedom of choice for veterans in need of health care is certainly an important concern and the supporters of V.A. reimbursement for chiropractic services are correct in stressing this point. However, freedom of choice can not be the only concern to the exclusion of all others. In looking at changes in the health care provided to veterans, we must ensure that any care our veterans receive is quality care and that it is needed to properly treat the particular problems of veterans.

There must be adequate control and supervision over any disbursement of federal funds and this must also be a concern for us as we consider what could be a large scale reimbusement program.

In reviewing the various testimonies provided in advance of today's hearing, I was struck by a point made by The American Legion. It is a point in which I solidly concur. The Legion expresses its concern that the controversy between chiropractors and allopathic physicians not invade the V.A.'s health care system to the detriment of the veterans who depend on the V.A. to meet their health care needs. I think this is a very pertinent and important observation. We are all well aware of the divergent opinions on the subject of chiropractic care in general and on its place in the V.A. system in particular. I am hopeful that the evidence presented here today will contribute to a constructive discussion of this issue which has as its focus not this controversy but the needs of veterans and our responsibility to ensure them that any change we make will mean real progress in terms of better health care.

As a Representative from the State of Florida, which has a large and aging veterans population for whom health care is of vital concern, I look forward to what our witnesses have to say and I want to thank them again for their time and assistance.

Mr. BILIRAKIS. I apologize for my tardiness. I had three committee hearings all at the same time this morning.

Mr. EDGAR. The record will show you have arrived.

Mr. EDGAR. I would like to call on Hon. Ron Wyden, Member of Congress from the Third District of Oregon. Ron, it is nice to have you here.

STATEMENT OF HON. RON WYDEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OREGON

Mr. WYDEN. Thank you very much, Mr. Chairman, and you can be certain that I won't give a filibuster this morning because I am supposed to be in two meetings.

I just very much appreciate the graciousness of the subcommittee to give me a chance to testify very briefly.

I am pleased to be able to offer my support for including chiropractic care as one of the health care alternatives that are available to veterans through the Veterans' Administration.

I think the real issue here, Mr. Chairman, is freedom of choice. What the average American consumer needs in health care services, he or she today can choose from any number of providers: medical doctors, chiropractors, osteopaths, audiologists, optometrists. There is a vast galaxy of professionals that they can obtain services from.

Nobody limits their choices. No one says that they can't obtain health care from a certain type of provider. Yet, regrettably, that is not the case with millions of men and women who have served diligently in our armed services.

If they want to receive health care through the Veterans' Administration, which is their right, veterans cannot seek the services of a chiropractor.

I happen to think that is unfair. It is unjustified. I think we know around the country millions of Americans utilize the services of chiropractors every year.

In my home State of Oregon, we have the highest number of chiropractors per 100,000 of population, something like twice the national average. Very few of them are lacking for work simply because of the popularity of their services and because Oregonians consider them a desirable option for obtaining health care.

I think we also know that this isn't the first time the Congress has considered this issue. Many times in the past Congress has made clear its intent that chiropractic care be available to veterans through the VA.

In fact, the Senate passed legislation calling for the inclusion of chiropractic care for veterans in the last Congress and the Senate Veterans' Affairs Committee has done so again this year. I think it is high time that the House followed suit.

I would just conclude by saying that I think it is clear that this isn't a question of legal barriers. The Veterans' Administration clearly has the authority. We just don't have the funds.

If we are going to increase the consumer choices that are available to Americans generally, specifically to veterans, this is going to have to be one of the options. I think it is time Congress recognized what was going on in the marketplace.

I just recently introduced legislation, for example, to promote preferred provider organizations. It is a new kind of alternative which I think offers the best fee for service as well as the best of arrangements like HMO's.

The reason I did that was for the very same reason I am here today on behalf of this legislation, and that is because I think the health marketplace needs more choices. We ought to open to Americans even more financing alternatives than we have today.

This legislation that we are considering gives that option to veterans. I just want to say thank you to the subcommittee for giving me the chance to come down here briefly and register my very strong support for the legislation.

[The statement of Mr. Wyden appears on p. 147.]

Mr. **Edgar**. Ron, we appreciate your testimony this morning. We appreciate your coming and fitting us in. All of our schedules make us spin like tops, and we appreciate the fact that you have come. Your statement is very clear and concise and to the point.

I have no questions.

Mr. Smith, do you have any questions?

Mr. **Christopher Smith**. No; I just welcome our good friend, Mr. Wyden, to the committee.

Mr. **Edgar**. Are there any questions from any of our colleagues? Thank you very much.

Mr. **Wyden**. I thank the committee.

Mr. **Edgar**. Our next witness will be the president of the International Chiropractors Association, Dr. Sid Williams. Dr. Williams, if you will introduce your colleagues who are with you at the table, as well as keep your opening statement to the preferred 10 minutes, that would be very helpful to us.

STATEMENT OF DR. SID E. WILLIAMS, PRESIDENT, INTERNATIONAL CHIROPRACTORS ASSOCIATION, ACCOMPANIED BY DR. BRUCE NORDSTROM, EXECUTIVE VICE PRESIDENT; RONALD M. HENDRICKSON, DIRECTOR, DEPARTMENT OF GOVERNMENT RELATIONS

Dr. **Williams**. Thank you, Mr. Chairman.

On my left is the executive vice president of International Chiropractors Association, Dr. Bruce Nordstrom; on my right, our chairman of governmental affairs and our representative on the Hill is Mr. Ron Hendrickson.

Good morning, Mr. Chairman.

Mr. EDGAR. Good morning.

Dr. WILLIAMS. My name is Dr. Sid Williams. I am president of the International Chiropractors Association. Also, I am founder and president of the Life Chiropractic College in Marietta, Ga. It has and enjoys recognized candidate status with the Council on Chiropractic Education.

I am most grateful for this opportunity to present the views of my association on this issue that has, in my opinion, received too little attention over the years, chiropractic care for veterans.

I wish to express sincere thanks to Chairman Montgomery and the subcommittee Chairman Edgar for calling these hearings.

This is, as I understand it, the first time the House Veterans' Affairs Committee has ever held hearings on the issue of chiropractic care for veterans through the Veterans' Administration.

As a profession, we are deeply concerned by the uniquely isolated position the veteran finds himself or herself in regarding the availability of chiropractic care through the Veterans' Administration. We are, of course, concerned about the discriminatory attitude toward the chiropractic profession embodied in current VA policy which is unusual among Federal programs in its exclusion of chiropractic care.

For us it is particularly distressing since no less than one out of three chiropractors today attended chiropractic college through the GI bill, a ratio unique among health care providers. Of course, there are other issues of equal or greater concern surrounding this problem.

Despite the encouragement provided the Veterans' Administration by the Congress, access to chiropractic care is still being denied veterans on a systematic basis. The Congress has repeatedly urged the VA's Department of Medicine and Surgery to reexamine its position and to begin using its existing authorities to provide, at least on a pilot basis, chiropractic services as a part of medical care furnished to veterans.

Clearly, these expressions of concern on the part of the Congress and the urging of voluntary movement were not enough to change the VA's longstanding discriminatory attitude.

Without a specific congressional mandate requiring the VA to provide access to chiropractic care, America's veterans will continue to be denied the benefits of chiropractic care through the VA.

Currently, chiropractic care is authorized under the law only if recommended by a medical doctor or an osteopath. Such referrals are almost never made.

In fact, not only have requests for referral been denied, but form letters have been devised to inform, assumedly more than one veteran, that the VA did not have the authority to reimburse chiropractic care, when, of course, it did.[1]

---

[1] See pp. 155 and 156.

More importantly, VA policy continues to operate on the basis that where "medical findings and judgments determine that active manipulation and adjustment are indicated, such treatment is most frequently administered by rehabilitation medicine specialists or physiatrists."

This concerns us greatly. Detection and removal of subluxations requires years of formal education in theory of biomechanics, classroom instruction, and clinical experience, not just a few hours in a weekend seminar.

Thus, a significant issue of quality of service is raised.

We are concerned about the cost of traditional treatment of back injuries and conditions and believe very strongly, on the basis of good evidence that the chiropractic profession can provide better treatment in many cases at a significantly lower cost.

For the committee's consideration, we have attached a summary of independent studies of industrial back injuries and the full text of two of the most recent studies.[1] Copies of all the studies are available upon the committee's request.

These studies, two of which were conducted by medical doctors, show that for similar cases, chiropractic care demonstrated a dramatic savings in time and money, and returned insurance claimants to work twice as fast as medical and other specialist forms of care.

We feel the information contained in these studies clearly indicates that inclusion of chiropractic services for veterans would not just be a displacement of costs, but could actually save Federal money through less expensive and more efficient and effective care by doctors of chiropractic.

Since its inception in 1895, chiropractic has been licensed in all 50 States, the District of Columbia, and Puerto Rico. In just the past 8 years, the number of chiropractic colleges has grown from 10 to 16 in the United States alone, and an accrediting agency for chiropractic colleges, the Council on Chiropractic Education, has been officially recognized by the U.S. Department of Education.

The profession itself in the United States in just the past 4 years has increased by a minimum of 30 percent, from approximately 23,000 to approximately 30,000, a remarkable growth for any profession.

To obtain a diploma as a doctor of chiropractic—D.C.—a candidate must complete, at a minimum, a 6-year course of study including 2 years of preprofessional college education and 4 years of resident instruction at a chiropractic college.

It is estimated that the 30,000 doctors of chiropractic practicing in the United States will provide more than 3.7 million patient visits each week this year.

After screening their patients for possible contraindications or need for referral to or consultation with other health care providers, chiropractors will give an adjustment, if indicated, to correct subluxated vertebrae which can cause disturbances to the nervous system if not correct.

This specialized health care service is not duplicated by any other healing arts profession.

---

[1] See pp. 160, 164.

Under the Internal Revenue Code, chiropractic health care is a medical deduction.

The Federal Government, under the immigration laws, recognizes chiropractic education as a basis for admitting aliens into the United States with special status as students.

In 1974, the Rehabilitation Act of 1973 was interpreted by HEW to authorize chiropractic services by State rehabilitation programs which utilize Federal matching funds.

The U.S. Public Health Service classifies doctors of chiropractic among "medical specialists and practitioners," and includes doctors of chiropractic in its Health Manpower Source Book.

Currently, only one bill dealing with chiropractic care has been introduced in the U.S. House of Representatives, H.R. 3016. It was introduced on May 12, 1983, by Hon. Christopher Smith of New Jersey.

To date, nearly 40 Members of Congress have demonstrated their support for H.R. 3016 through cosponsorship. The International Chiropractors Association vigorously supports this bill, even though it is very limited and we would much prefer to see a permanent, comprehensive program of chiropractic care enacted.

However, we believe that the provisions of this bill represent a sound beginning basis on which chiropractic care can be made routinely available to some veterans through the Veterans' Administration. Its costs are modest, and clearly limited.

The concepts embodied in H.R. 3016 are similar to legislation passed by the Senate on two previous occasions—S.1956 in the 97th Congress and S.196 in the 96th Congress—and to legislation currently moving through the Senate, Senate bill 567.

We believe veterans deserve the same freedom of choice of health care providers as enjoyed by citizens who receive health care benefits under medicare, medicaid, Federal employee workmen's compensation, all 50 State worker's compensation programs, and most Federal employee health benefit plans, and commercial health and accident policies.

Passage of H.R. 3016 would provide a meaningful addition to the health care program for veterans who are currently in a uniquely isolated position as far as the availability of chiropractic care is concerned.

It is our sincere hope that this committee will act swiftly and favorably on H.R. 3016 and join with the Senate to provide a practical solution to the veterans' needs for access to chiropractic care.

Mr. Chairman, we are very privileged to make this presentation and we stand ready to answer any of your questions.

[The prepared statement of Dr. Williams appears on p. 149.]

Mr. EDGAR. Thank you very much for your statement. You were in the room and present when I asked the question of the previous witness about the difference between your association and the American Chiropractic Association.

Can you articulate for us what you perceive as the differences between the two associations?

Dr. WILLIAMS. I would like to emphasize that with respect to both the national associations in chiropractic, major national associations in chiropractic, the unique togetherness as colleagues in the chiropractic profession, as colleagues in a uniquely different, separately licensed profession in 50 States.

Much like the fingers on the hand that are individually different, but the hand is together principally in spirit. I think that the difference in the two national associations, which are ever coming closer together, hinge around not the chiropractic principles of practices, not the licensure requirements, but around ancillary procedures that are not necessarily chiropractic procedures.

I believe that the two national associations are together in the diagnostic responsibility, they are together in academic standards, they are together in the understanding of chiropractic, they are together in the uniquely different approach that chiropractic offers, but divided in their understanding of the applications of ancillary procedures only.

I would like to emphasize that in the basic intent of chiropractic regarding structure, function, and diagnostic responsibility to the chiropractors, in my opinion, we are very close.

Mr. **Edgar**. Of the 16 medical schools that you have, chiropractic schools, would a graduate of a medical school be free to join either of the associations?

Dr. **Williams**. A graduate of any of the chiropractic colleges would be free to join either of the two national associations of chiropractors.

Mr. **Hendrickson**. Mr. Chairman, if I might add as an observer for many years, and now as a spokesman for the chiropractic profession, it seems to me that the differences between the two associations are largely historic, the product of two sets of colleges and two sets of organizations, much more so than any philosophical difference, other than what Dr. Williams has already said.

Mr. **Edgar**. Thank you. On page 2 of your testimony, I was struck by the last paragraph there. You say:

> More importantly, VA policy continues to operate on the basis that where "* * * medical findings and judgments determine that active manipulation and adjustment are indicated, such treatment is most frequently administered by rehabilitation medicine specialists or physiatrists." This concerns us greatly. Detection and removal—

And you go on to point out.

Are you making in that statement a charge that the VA's physical therapists are not adequately trained for their profession?

Dr. **Nordstrom**. If I may respond to that, Mr. Chairman. We have looked into this issue time and time again. In fact, I talked with the secretary at North American Academy of Physical Medicine and Rehabilitation, that group which certifies physiatrists, which is probably the group in medicine which comes closest to dealing with what a chiropractor does, manual medicine, what have you.

The physiatrists, in the main, run the physical medicine or rehabilitation centers of hospitals. The Secretary told me at the time of the telephone conversation that he was not aware of one formal classroom hour in manual manipulation of the spine.

I will quickly admit that there are a number of individuals who on their own have a great deal of expertise in this area of manual medicine or physical medicine.

Mr. **Edgar**. That is a tremendous charge you are making. You are making a charge that the physical therapist departments at the VA medical facilities are staffed by people who have received their certificates and their licenses and their training through weekend courses.

That is what it states here in the record. I just want the record to be clear as to whether or not physical therapists who operate in the VA medical system, in your opinion, are qualified and provide the services that they provide.

Dr. **Nordstrom**. To make a clarification there, I was speaking of medical doctors, physiatrists, not physical therapists.

To quickly go on with my——

Mr. **Edgar**. Let's make this clear here, because it is not clear from the statement that you are making that such treatment is most frequently administered by physiatrists. Are they the key persons at each of the medical facilities for this type of care?

Second, are you saying that the medical specialists or physiatrists only have just a few hours of weekend seminars training? The question is, are you making the charge that at the VA when they have a physical therapy, hands-on kind of care, that people who are doing that service are underqualified?

Dr. **Nordstrom**. In my investigation, in my conversations with the Secretary, he was not aware of any formal education at medical schools for physiatrists in this area of manipulation of the spine.

Mr. **Edgar**. Can you give a definition of a physiatrist?

Dr. **Nordstrom**. He is a medical doctor who specializes in physical rehabilitation.

Mr. **Edgar**. But he has had formal training as a medical doctor?

Dr. **Nordstrom**. Absolutely. Yes.

Mr. **Edgar**. He has passed the medical boards—he is specializing in physical medicine, much like you specialize in the physical aspects, but he has had the same chemistry courses that you have taken.

Dr. **Nordstrom**. Absolutely.

Mr. **Edgar**. He has had advanced study. He has had internships and other training within the medical facility; is that not correct?

Dr. **Nordstrom**. Yes. I am speaking, Mr. Chairman, of a very specific area of manipulation, what we call adjustment of the spine.

Mr. **Edgar**. So your charge is only that these doctors who are trained in a traditional M.D. program may have only taken a specialized course in physical manipulation?

Dr. **Nordstrom**. Yes. We are aware of no formal education in the standard medical curriculum, even for a physiatrist, in manipulation of the spine, a very isolated area, Mr. Chairman.

Mr. **Edgar**. I appreciate your clarification of that because from the paragraph it sounded like the charge was being made that physical therapy units at the VA facilities are ill qualified; it is an important area for us because many of these patients have service-connected disabilities.

Many veterans who come to the veterans' health care system have long periods of recuperation, and we could argue whether or not that should be provided by an M.D. or whether it should be provided by someone who is trained in chiropractic medicine.

But I would not want the record to state that somehow over the past many years prior to chiropractors having access that all of those veterans were somehow treated by less than professional people within that system.

Dr. **Nordstrom**. Absolutely. We don't want to suggest that. Again, I am talking about a very specific area of instruction, and that is hands-on understanding on how to manipulate the spine.

Mr. **Edgar**. I would like to yield the chair to Dr. Rowland for a moment. I must run to another hearing where I have to give testimony. I will try to get back for the final panel of veterans' organizations.

Let me yield the chairmanship here to Dr. Rowland.

Dr. **Rowland** [presiding]. I wish to welcome Dr. Sid Williams here who I have known for many, many years. I can tell you that he is a tireless worker for a cause that he believes in, and I have known him most pleasurably for several years at the Georgia House of Representatives.

I do welcome you here, Dr. Williams.

Dr. **Williams**. Thank you. I have a comment on that last question.

Our position on other people participating in chiropractic procedures. We find it difficult to imagine or to believe a competency level of detecting a chiropractic lesion, which is a chiropractic subluxation, we find it difficult for we in the chiropractic profession have to spend at least 2,000 hours in an academic program learning how to diagnose properly a chiropractic lesion and then to correct that chiropractic lesion.

We do not think and do not adhere to the concept that a manipulation is the same as a chiropractic adjustment. Manipulation may be given whether or not a demonstrable chiropractic lesion does exist.

Much like tampering with a television set, if the set wasn't out of adjustment, diagnostic procedure in chiropractic is to determine whether or not that chiropractic lesion exists, whether it should be corrected, whether there are any contrary indications to it.

The adherence to the term "spinal manipulation" may or may not mean the same context that we in chiropractic mean. But we are firmly convinced and our experience has taught us that over the years that the service of detecting, locating, and correcting this vertebral subluxation or the chiropractic lesion, is a nonduplicating service.

Even though people might do manipulative procedures, that in no way is relevant to the proper determination of a chiropractic lesion through usual chiropractic diagnostic procedures. I would like the record to show that there is a difference between manipulative procedures given by whatever other health care provider and that of a chiropractic adjustment given by a chiropractor who has graduated with the proper credentials and qualifications.

Dr. **Rowland**. I certainly appreciate that clarification because based on what had been said, I was led to believe that M.D.'s were undertaking chiropractic-type manipulations, but that is not the case; is that correct?

Dr. **Williams**. In my opinion, they are doing medical manual manipulations and are not doing chiropractic adjustments.

Dr. **Rowland**. So it is a totally different concept?

Dr. **Williams**. It is a totally different concept. The concept of the chiropractic lesion, the diagnosis and analysis of the corrective procedures, and then the management of a chiropractic case is entirely different from that of other procedures that are not emanating from the proper chiropractic background.

Dr. **Rowland**. Then they are not trying to do chiropractic manipulation after just a few hours at a weekend seminar as stated here?

Dr. **Williams**. I think there is a misunderstanding by those taking the seminars and offering the seminars and perhaps some public misunderstanding or public distortion. There is a vast difference between the manipulation of a spine and one determining whether or not one is actually out of adjustment.

I think that is the critical difference. The determination of the disarticulation of vertebral segments is important to whether or not a patient would be an acceptable chiropractic patient.

Dr. **Rowland**. Well, are these M.D.'s attempting this chiropractic manipulation? I am still not clear on that.

Dr. **Williams**. I think that they are attempting in their own way chiropractic adjustments under the name of manual manipulations, but I would like to emphasize that there is a difference between a chiropractic adjustment or the view of what a chiropractic lesion consists of and a regular manipulation, or a manipulatable lesion.

A particular surface might be manipulated, but it might not be out of adjustment or in need of a chiropractic adjustment. I think that difference is critical when we view whether or not the veteran is actually receiving chiropractic care from any trained medical personnel.

Mr. **Hendrickson**. If I might interject, Doctor. There is a growing interest on the part of medicine in manipulation. For a variety of reasons, most of which are traditional and historic, there is a reluctance to attach the word chiropractic to it.

At medical colleges and universities across the country we are witnessing an increase in the numbers of workshops and seminars on spinal manipulation, but you would be very hard-pressed to get any M.D. to admit that he is interested in a chiropractic function.

So, to some degree, we have a situation where both the chiropractor and the physician are seeking to correct a condition doing roughly the same thing using different terminologies and in some instances a different philosophical approach.

So it is a very difficult area to pin down. The point is that at no medical university in this country is there formal classroom training in the biomechanics of spinal manipulation, nor in the physical therapy schools around the country are there any standards.

I think that is the point that I think we are trying to emphasize here this morning in the discussion concerning who is most qualified to perform spinal manipulation.

Dr. **Rowland**. You are saying the manipulation is the same, the name used to describe it is different.

Mr. **Hendrickson**. I think there is a reluctance on the part of most physicians to admit an interest in spinal manipulation in a chiropractic context.

Dr. **Rowland**. But in this instance, the manipulation is the same, but, as you say, M.D.'s are reluctant to admit that they are doing that?

Mr. **Hendrickson**. The VA testimony very explicitly and clearly states that when, in fact, spinal adjustment is indicated, it is administered by physical therapists or physiatrists. I think the precise definitions of those functions ought to come from the VA.

But from reading their testimony and our discussions informally with their leadership, it is very clear to us that they feel that their staff members are able to perform a function at least similar enough to the chiropractic function to get the job done. We disagree with that.

Dr. **Rowland**. Now you are saying it is similar, and not the same.

Mr. **Hendrickson**. Yes.

Dr. **Rowland**. Let me ask Dr. Williams a question here. You mentioned ancillary procedures insofar as the difference between American Chiropractic Association and the International Chiropractors Association is concerned.

Could you define those ancillary procedures for me that casues this difference?

Dr. **Williams**. I don't want to speak for the American Chiropractic Association. I can only speak for the International Chiropractors Association. We emphasize the specific, individually different, distinctive approach to chiropractic because our entire academic curriculum is beamed to emphasize the difference in both national associations.

We believe that if a person is to use differing procedures as an example of physical therapy procedures, we are not opposed to the physiotherapy procedures.

We are only opposed to including those physiotherapeutic procedures in the name of chiropractic. If a person would become licensed, would be qualified by academic standards, by State licensure, we wouldn't be opposed to people utilizing ancillary procedures along with chiropractic procedures, as long as the two are spelled out differently.

We do resist the inclusion of ancillary procedures in the name of chiropractic at the same time that such procedure is given. We like to emphasize probably more firmly the individual difference between a chiropractic procedure and a medical procedure, or a physiotherapeutic procedure.

Dr. **Rowland**. You are saying the American Chiropractic Association then accepts this physiotherapy as part of their regiment.

Dr. **Williams**. In many instances, in what they have done in the past or in what is being done on the State level, these ancillary procedures are included in with the chiropractic procedure and there is no clearly defined line of demarcation between chiropractic and other procedures that are licensed in other fields.

That is the basic difference between us and them. We feel like the chiropractic procedure, because it is uniquely different, should be kept separated, except by licensure, by academic training.

The individual, of course, has the right to take such subjects and to qualify under certain other programs, and then to render that service.

Dr. **ROWLAND**. Do you find any difference between the International Chiropractors Association and the American Chiropractic Association insofar as the area of disease is concerned?

Dr. **WILLIAMS**. I would like to emphasize that now the theory of disease in chiropractic differs from what it was—there was much confusion in the past, relative to our position on the cause and theory of disease in a modern sense. Today's chiropractic procedure has little philosophical differences between the two national associations.

In regard to this medicare program, we are only interested in providing services to correct a demonstrable chiropractic lesion. That would have little to do with the theory or the cause of disease, and in that regard, I believe the two national associations are together because there is no difference of philosophical understanding of the cause of disease relative to a specific subluxation.

We merely seek to properly diagnose, properly care for the patient, and then correct that chiropractic lesion regardless of what the circumstances might be.

Dr. **ROWLAND**. I understand you to say, Dr. Williams, that the treatment that is used has little to do with the cause of the disease.

Dr. **WILLIAMS**. It has little to do with the philosophical differences between the two associations. I might not have answered your question properly.

In the rendering of the chiropractic procedure or the chiropractic adjustment, when [illegible] comes down to providing the service, the philosophical cause [illegible] has little to do with it. It is the capability to properly [illegible] then properly manage and properly correct a chiropractic [illegible] that one finds on a patient that presents himself for care.

Dr. **ROWLAND**. [illegible] cause of disease has little to do with the treatment.

Dr. **WILLIAMS**. The [illegible] comes to determining whether or not a patient who presents him or herself, a veteran in this instance—has a subluxation or the spine, or are there any contraindications to that particular care? Is it correctable in a doctor of chiropractic's office?

I think that in connection with the correction of that lesion, or the detection of that lesion, philosophical cause of disease has little to do with that when it comes down to actually providing the services.

I think in the past there was a great deal of confusion in the chiropractic profession. There has been a great deal of concern about our philosophical view of the cause of disease.

I view it, as president of the International Chiropractors Association, and as president of Life College in Marietta, that the philosophical difference is very seldom discussed or that the philosophical reasoning of the cause of disease is seldom discussed.

The importance is on whether or not the patient has a lesion that is correctable by chiropractic care, one that we can properly diagnose, manage effectively, and incidentally, refer the patient to the proper health care provider if such other conditions present themselves.

Dr. Rowland. Philosophical cause of disease then doesn't have very much to do with the treatment in so long as you render the treatment.

Dr. Williams. I think that the philosophical cause question has been maximized far too much over the years. The real issue is the capability of detecting the chiropractic lesion and then the capability of correcting and then properly managing it.

As to the philosophical cause, as I am sure you are aware, we don't profess to say that we treat diseases. We profess to say that we are very good at correcting vertebral subluxation or biomechanic or neuromuscular conditions. We think that we are good at that.

Mr. Hendrickson. I think for the sake of clarity, Doctor, the claims that chiropractic makes as to the ability to treat disease are very limited. The theories of the origin of disease, I would like Dr. Nordstrom to reemphasize, but I think the claims that chiropractic make are very limited.

The essence of Dr. Williams' point here is that the function that the chiropractor performs is the elimination of a subluxation of the spine for the purpose of alleviating pain, stress, et cetera, pressure on the nervous system.

The attempt to relate that function to a causal notion of disease is not a terribly fruitful endeavor here because the claims that chiropractic make are very limited.

Dr. Nordstrom, if you could give us a summary of a chiropractic theory of cause of disease, I think it would be fairly clear to the members of this committee what we are trying to say here.

Dr. Nordstrom. Well, I think our clearest statement before Congress was made in 1968 when both, in fact, the ICA and the ACA responded in a white paper to a study that was done relative to chiropractic's possible inclusion in medicare.

In that we very clearly and emphatically state that we recognize multiple causes of disease. Chiropractic has a new approach, an additional factor to health care, being the subluxation, which we are vigorously researching on our own.

The problem, I think, has always been that the chiropractors have been isolated by medicine, and we have vigorously wanted to have interprofessional, interdisciplinary cooperation so we can break down those barriers. This would provide for a better understanding of what each profession is doing so the chiropractors can take care of the cases that are best suited to chiropractic care, and medical doctors can take care of the cases that is suited to allopathic care.

Dr. Rowland. Thank you, gentlemen. The gentleman from New Jersey.

Mr. Christopher Smith. Thank you, Mr. Chairman.

First of all, I want to commend Dr. Williams for his very eloquent statement and his answers, as well as that of the panel, and especially for the exhibits that have been attached. I think this committee will find them very instructive and informative.

We need this kind of information for the record, and I do thank you for it.

Doctor, on page 4 of your testimony, you indicate that some 3.7 million patient visits per week to chiropractors occur. That computes, if my pencil is correct, to about 192 million patient visits per year.

Could you tell the committee what is the average number of visits per patient?

Dr. **Williams**. It all depends on the condition and the capability of the doctor to make the chiropractic correction. It might not be one visit, obviously, with the stress and strain that a spine endures. It would depend on each individual case.

There would be no way of telling what any particular length of time is or the number of patient care visits that would be necessary.

Dr. **Nordstrom**. In a 1979 study conducted under contract to HHS, the average patient returned 17 times during a year.

Mr. **Christopher Smith**. Doctor, could you touch on any new methods and perhaps some of the improvements that have been made in the manipulation? What is the state of the art of chiropractic care and how has it progressed over the last 10 years?

Mr. **Hendrickson**. If I could answer that, Mr. Smith. The process of educating a chiropractor begins with essentially at this point in time and with the establishment of the Council on Chiropractic Education, begins with essentially the basic sciences that someone involved in nurse's training, physical therapy, and even medicine would begin with, plus 4 years of very intense classroom study.

The development and application of sophisticated X-ray techniques has really greatly enhanced the capacity of the chiropractor to determine precisely the nature and location and proper treatment of the spinal subluxation.

The progress that has been made in developing chiropractic has been very similar to the progress that has been enjoyed by the medical profession as a whole.

The increasing sophistication of laboratory techniques of X-ray techniques, and the ability and the capacity of the chiropractor to use even the most sophisticated X-ray equipment, read in a very sophisticated manner a spinal X-ray, I think, probably is the single greatest step forward, in addition to the across-the-board upgrading of scientific education, biology, physiology, anatomy, chemistry, et cetera.

Mr. **Christopher Smith**. Are new methods, actual methods of manipulation being developed?

Mr. **Hendrickson**. Well, the approach that the International Chiropractors Association and its members take is essentially a conservative one, and that is that the chiropractor's function is to correct subluxation via manual manipulation of the spine.

Therefore, it is not our objective to seek new ways to correct subluxations.

The answer to the problem is after a proper diagnosis fairly simple. The progress that has been made and where additional progress may very well be needed is in the precise diagnosis, precise understanding of the subluxation itself.

So, in effect, the answer to your question is we aren't looking for new ways to correct subluxations because that, in a way, is a fairly simple problem, but it is the culmination of a very long process of study and examination on the part of each individual patient by the chiropractor.

Dr. **Nordstrom**. If I might add, Mr. Smith. Yes, is the short answer.

Private practitioners are constantly trying to improve the procedures that we use. This association has sponsored numerous conferences, two of them were major interdisciplinary conferences, bringing in osteopaths, medical doctors, academicians, researchers.

We participated to a great degree in the 1975—it was not 1978—NIH workshop. So we are doing everything within our power to sponsor research, initiate research, do everything that we can to advance the chiropractic profession.

It is understanding the mechanisms, its efficacy and the procedures that are important. Yes, a significant part of our budget goes to research.

Mr. **Christopher Smith**. Thank you. How does the malpractice record of chiropractors compare with that of medical doctors? I mean per capita, because admittedly there are only 30,000 chiropractors and there are many more medical doctors.

Dr. **Nordstrom**. In our opinion, quite favorably. On an average, although the limits that people purchase these days are quite higher, the base seems to be what is called 100,000 over 300,000 coverage of insurance.

The chiropractors on the average will pay anywhere from $350 to $500 for that level of insurance. Medical doctors are rated, depending on the insurance company or the brokerage firm, usually in 7 levels to 10 categories of risk.

A G.P. that provides no surgery whatsoever, including minor surgery, basically is a small town, family practitioner, takes care of minor problems, will pay approximately $1,000, $1,500, and it goes up from there to maybe if you are in Dubuque, Iowa, $10,000; if you are in New York or California, maybe as much as $40,000 or $50,000.

Mr. **Christopher Smith**. How do you foresee the peer review aspect embodied in H.R. 3016 to be implemented? Perhaps Mr. Hendrickson would want to answer that.

Mr. **Hendrickson**. Mr. Smith, in conversations with Dr. Custis and other officials at the Veterans' Administration, the statement was made in response to Senator Thurmond's bill that the Chief of the Department of Medicine and Surgery did not feel himself qualified to pass judgment on what constituted quality chiropractic care.

In response to that concern, the chiropractic profession made it very clear that we would be willing to participate in the peer and utilization review process on the same basis that physicians now participate in that process.

The expertise available to the Chief of Department of Medicine and Surgery via the chiropractic profession is more than adequate. It would, I would suspect, be operating on a system very similar to that which private insurance companies use.

There are standards. There are normal scopes of practice procedures.

Medicare, for example, establishes a very specific set of guidelines. There is no reason to assume that the Veterans' Administration cannot operate on that very similar basis or a basis very similar to those.

Mr. **Christopher Smith**. Thank you for that answer.

Are there any estimates as to how many service-connected veterans have requested chiropractic care from the VA? How many do you think could be helped through the passage of H.R. 3016?

Mr. HENDRICKSON. Mr. Smith, this morning we have heard from just about all parties, and not a great deal of information exists in this area. What we are aware of is a VA policy of nonreferral.

This is not something that we are having to guess at. This is something that is explicitly stated in the VA's statement today, that has been indicated by the form letters which says VA benefits do not include chiropractic, which are used as a standard information delivery tool on the availability of benefits.

We have received over the past year several hundred letters from veterans, several hundred communications from private chiropractors saying that in an attempt to collect reimbursement for chiropractic services, veterans have been refused for a variety of reasons.

I think one of the important things that your H.R. 3016 is going to do is to provide an open door through which both the Veterans' Administration and the members of this committee can determine whether or not there is a serious demand for chiropractic services.

What your bill asks for, I think, is a very important research tool, in addition to a benefit. It would allow everyone involved to see how many people want chiropractic care and how helpful it is.

Dr. NORDSTROM. I would only add, Mr. Smith, that we have received over the years copies of form letters that had pre-printed in or typed-in box for checking that chiropractic is not a benefit, which would suggest that some of the facilities have received, obviously, more than one request.

Mr. CHRISTOPHER SMITH. Exhibit A you are referring to.

I just want to thank you for your answers and commend you for your leadership in this area in helping to move this bill along. I yield back the balance of my time.

Mr. EDGAR [presiding]. Thank you. Are there additional questions?

The gentleman is recognized for 30 seconds.

Dr. NORDSTROM. Thank you. Relative to, I believe it was Dr. Cooper's comments about chiropractors using drugs, I will stick my neck out and say that there is not one chiropractic statute on the books that allows a chiropractor to use any drugs whatsoever. I would be very interested in seeing information.

Mr. EDGAR. The gentleman is yielded 30 seconds.

Mr. MCEWEN. May I follow up on that? Doctor, don't the States have medical boards that license chiropractors? They don't have chiropractic licensing boards in every State; do they?

Dr. NORDSTROM. We will provide to this committee a breakdown of exactly how each State works, but basically the vast majority have independent chiropractic examining boards that act virtually the same as optimetric, dental, medical boards.[1]

There are a few States that have mixed boards where osteopaths, medical doctors, and chiropractors will take care of the full range of licensed health care.

---

[1] See p. 82.

Mr. **McEwen**. Thank you. If you are going to provide that for the record, we won't presume upon the chairman this time. Thank you very much.

Mr. **Edgar**. Thank you very much for your testimony today. I appreciate both your association and the previous association of chiropractors in giving rather complete and full information to our committee.

As was indicated earlier, this is the first opportunity that the House has had to have a full hearing on this issue, and we appreciate your taking the time to prepare the testimony and the auxiliary materials that you have provided.

Mr. **Hammerschmidt**. Will the chairman yield?

Mr. **Edgar**. I yield to the gentleman.

Mr. **Hammerschmidt**. I guess your last statement would answer my question. I am assuming this packet, which is very complete, is all part of the record.

Mr. **Edgar**. Without objection, the whole packet will be made a part of the record.

Mr. **Hammerschmidt**. Thank you very much, Mr. Chairman.

Mr. **Edgar**. Before calling our next panel—and it will be the panel of service organizations—I want to apologize to them for the fact that I have to leave for a meeting with the mayor of Salt Lake City, who is in town to talk about some water issues. I feel badly about leaving because so often the veterans' organizations are asked to remain to the last to give their statements and often their statements are very helpful and very valuable.

I think this morning it has been helpful for the veterans' service organizations to listen to both sides in this very important issue and controversy, so I think it was appropriate to have you last. But I do want to apologize.

I would now like to ask the AMVETS, The American Legion, the Disabled American Veterans, and the Veterans of Foreign Wars to come forward and take their place at the witness table. I am going to ask my colleague, Dr. Rowland, to again assume the chair. I appreciate his service.

Dr. **Rowland** [presiding]. I would like to thank the panel for being here today to express their views on this very important legislation. We would ask you all to summarize your statements, if you will. You may proceed at your leisure.

STATEMENTS OF LT. COL. DAVID J. PASSAMANECK, USA (RET.), NATIONAL LEGISLATIVE DIRECTOR, AMVETS; CHARLES E. JOECKEL, JR., DEPUTY NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS; PAUL S. EGAN, DEPUTY DIRECTOR, NATIONAL LEGISLATIVE COMMISSION, THE AMERICAN LEGION: ROBERT E. LYNGH, DIRECTOR, NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION, THE AMERICAN LEGION; AND JAMES B. MAGILL, SPECIAL ASSISTANT, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Colonel **Passamaneck**. Mr. Chairman, the more than 200,000 members of the American Veterans of World War II, Korea, and Vietnam and its auxiliary appreciate this opportunity to present our views on the provision of chiropractic service through the VA medical delivery system.

Without wishing to get in the middle of an endless debate regarding the relative merits of traditional orthopedic care and chiropractic manipulation in the treatment of spinal conditions, AMVETS can endorse without reservation the empirical success of chiropractic treatment in many cases. Whether that success is attributable to a psychosomatic relief of symptoms rather than a cure of an underlying condition is, in our view, hardly worth discussing. If relief of pain is the result, thus contributing to the general well-being of the patient, the service is well worth the cost.

Reimbursement for chiropractic treatment is now provided under medicare, medicaid, civilian Federal employee health programs and workmen's compensation. AMVETS sees no reason why the service should not be available to veterans through the VA when treatment is prescribed by a chiropractor chosen by a veteran, rather than under current law which requires referral of the veteran to a chiropractor by a VA medical doctor. Under the current system, very few, if any, such referrals occur. We are not advocating open self-referral by the patient, but we believe that the professional integrity of chiropractors in prescribing treatment is as worthy as that of physicians.

AMVETS is in favor of the enactment of a pilot program of reimbursement or direct contractual payment for chiropractic service to veterans with service-connected neuromusculoskeletal spinal conditions. The legislation introduced by Mr. Smith of New Jersey, H.R. 3016, and similar legislation introduced by Senator Thurmond, S. 567, would give a fair trial to such a program, sunsetting the entitlement, effective October 1, 1987, unless additional legislation is enacted to extend the service. Under both of these bills, chiropractic service to veterans would be included in the VA utilization review procedure to assist in a proper evaluation of the effectiveness of the program prior to the expiration date.

The only reason we are discussing this issue is the long-running turf battle between M.D.'s and chiropractors. AMVETS is not concerned with which one of these competing groups wins. We are concerned with the veteran and we believe, along with Mr. Smith, that he or she should be free to choose the type of care which produces results.

We are not opposed in principle to more liberal legislation which would completely integrate chiropractic care into the VA system, such as H.R. 4309, introduced by Mr. Hammerschmidt. But we believe the pilot program will accomplish the same purpose in terms of benefit to the veteran and may also keep peace within the DM&S family for a few more years.

This concludes my testimony, Mr. Chairman. I will answer any questions that you or the members may have.

[The prepared statement of Colonel Passamaneck appears on p. 206.]

Dr. **Rowland**. Thank you, Colonel.

I think we will hear the testimony from everyone and then ask questions.

Mr. Joeckel?

STATEMENT OF CHARLES E. JOECKEL, JR.

Mr. JOECKEL. Thank you, Mr. Chairman. You have my written remarks. I would like to submit them for the record and to follow up instead with my time to discuss some of the points made throughout the hearing today.

There seems to be a question as to whether or not we need a bill like H.R. 3016. Clearly, the VA has authority to hire chiropractors or to use its fee basis program in terms of referring veterans to chiropractors. As the testimony shows, only 31 veterans have been referred this year, and certainly the VA doesn't intend to hire chiropractors.

At the beginning of the hearing there was some concern about the number of letters people received concerning this issue, and I can say we have received many. We received one yesterday from one of our members who happens to be a chiropractor and who, after reading our article about the Senate bill, decided he would make application for a job with the VA. The VA's response, dated June 20, states—from the personnel officer at that facility—that he has been advised by a staff official at central office that the Veterans' Administration is not authorized by law to employ chiropractors as physicians. As physicians, certainly not. But VA does have general authority under section 601 in title 38 to do so.

In addition, the Veterans' Administration pointed out in their testimony that this bill, H.R. 3016, could be utilized as a first step toward mainstreaming. I would say first that the VA has had a fee basis program for a long time to contract for such things as psychological readjustment counseling for Vietnam veterans and all sorts of other medical conditions as well as psychiatric care. So it is nothing new, and we don't think it is going to lead to mainstreaming. I can assure you the DAV would not support such a provision if such were the case.

One other thing I would point out, Mr. Chairman, is that much has been made about the VA being a provider of health care. Indeed, it is, but it also has the fee basis program and it also administers the CHAMPVA program for dependents. In neither one of these instances have we been attacked from outside sources who seek to mainstream. That is an overall, much larger political issue than is the measure pending before the committee today.

In addition, I think we should support a pilot program. I think we should give it a try and see if it works and gather some of the statistics that many of the Members were seeking here today.

That concludes my remarks.

[The statement of Mr. Joeckel appears at p. 209.]

Dr. ROWLAND. Thank you very much, Mr. Joeckel.

Mr. Magill?

STATEMENT OF JAMES N. MAGILL

Mr. MAGILL. Mr. Chairman, thank you for the opportunity to present the views of the Veterans of Foreign wars with respect to the VA providing chiropractic care.

Currently the VA now has the authority to provide this care, but as we have heard today, they appear to be reluctant to do so. Although we recognize that not all people will benefit from the care of a chiropractor, we believe that in some cases their care may be beneficial, and therefore, it should be available. We also believe the VA may very well be all by itself with its policy toward chiropractic care.

Mr. Chairman, we support appropriate action to encourage the VA to utilize its authority to make available chiropractic care for veterans when requested, and also by encouraging VA physicians to be less conservative than they have in the past.

This concludes my statement and I will be happy to answer any questions you may have.

[The statement of Mr. Magill appears at p. 215.]

Dr. **Rowland**. Thank you very much, Mr. Magill.

Mr. Lyngh?

Mr. **Egan**. Mr. Chairman, Mr. Lyngh will summarize our remarks, recognizing that The American Legion parts company, at least in some respects, with some of our colleagues from the other veterans' organizations. Each of us will be prepared to answer your questions after Bob's summary.

STATEMENT OF ROBERT E. LYNGH

Mr. **Lyngh**. Mr. Chairman, on behalf of the 2.5 million members of The American Legion, we appreciate the opportunity to present our views to the subcommittee at this time.

The notice of meeting states the purpose of the hearing is to consider alternative methods the VA Department of Medicine and Surgery may employ in providing chiropractic services to eligible veterans requiring treatment for neuro-muscular disabilities. The American Legion's approach to the matter of provision of chiropractic services to veterans is set forth in the document attached to this statement, which is commended to the attention of the subcommittee. The document is entitled "Report of the Subcommittee on Chiropractic to The National Veterans' Affairs and Rehabilitation Commission of the American Legion" [1] and is dated August 29, 1981. Although the report is now 2 years old, we believe its contents are still pertinent to the matter at hand, and nothing has occurred in the interim to change the position of The American Legion.

It was the conclusion of the Legion's subcommittee that in view of existing authority as set forth in section 601 of title 38, United States Code, there is not a present need for additional legislation in this matter. We wish to make that recommendation to the subcommittee at this time.

The American Legion does not believe the matter of provision of chiropractic services to eligible veterans requires legislation. We acknowledge there is a problem in this matter within the VA's Department of Medicine and Surgery, in that most VA employed physicians apparently will not refer veteran patients to chiropractors. This results from a controversy between chiropractors and allopathic physicians. As a nonprofessional organization that is essentially a consumers' representative, the Legion has no organizational opinion on this controversy. It can only say the controversy causes confusion among laymen and makes difficult the layman's efforts to provide himself with health care.

---

[1] See p. 223.

The American Legion does not wish to see the controversy involving chiropractors and allopathic physicians invade the VA health care program for veterans. We believe Congress should make every effort to see that this does not happen.

At a time when many citizens believe Congress passes too much legislation anyway, it does not seem to The American Legion that Congress should address this admittedly difficult matter through legislation.

Once again, we commend the attached report to the subcommittee's attention, and we thank the subcommittee for receiving our views.

[The statement of Mr. Lyngh appears at p. 218.]

Dr. ROWLAND. Thank you very much, Mr. Lyngh.

Do any members of the subcommittee have questions or comments?

Mr. CHRISTOPHER SMITH. Thank you, Mr. Chairman.

First of all, I want to commend the panel for their patience in waiting so long to testify. I certainly appreciate their support.

I do have a question of the entire panel, or whoever would like to comment. Dr. Brown, in his comments earlier today, said, in speaking of the legislation, that this would be a substantial step toward mainstreaming of veterans' health care in the private sector, a substantial step. I would like the record to clearly show that I am against mainstreaming, and I don't think that is the way to go in providing care for our veterans.

Could you comment on that, in terms of a substantial step, for the committee?

Mr. JOECKEL. I thought my remarks were pretty clear, Mr. Smith, and——

Mr. CHRISTOPHER SMITH. I was hoping perhaps some of the others would touch on it.

Mr. JOECKEL. Let me add one other little thing. I don't think a $2 million pilot program is a major step in that direction.

Mr. LYNGH. Speaking for the American Legion, we don't see at this point that mainstreaming would be the major objection to the passage of the legislation.

Mr. MAGILL. The Veterans of Foreign Wars would have the same remarks. We do not think of this as being the main objection.

Colonel PASSAMANECK. I would say on behalf of the AMVETS that our view of this legislation is, I think, the same view as yourself, sir, in sponsoring it, in that it is a temporary trial situation. Hopefully down the line, when we get through with this successful experience under this legislation, we can fully integrate chiropractic services into the VA system and not have to worry about even the suggestion of mainstreaming. Insofar as this is a temporary situation, I don't think it raises that danger.

Mr. MAGILL. I would also like to state that we go on record in that we are against mainstreaming. We have gone on record before on that, too.

Mr. LYNGH. Just to add to that, Mr. Smith, The American Legion is categorically opposed to mainstreaming as that term is used.

Dr. ROWLAND. Would the gentleman yield?

Mr. **Christopher Smith**. I would be happy to yield.

Dr. **Rowland**. I understood Mr. Magill to say that mainstreaming is not the principal objection to the bill?

Mr. **Magill**. What the remarks were is that it was in reference to Dr. Brown, and he stated that would be the main objection. I don't think, as I stated, that is the main problem.

Dr. **Rowland**. I was somewhat confused because I thought you had testified you were in favor of the bill.

Mr. **Magill**. In my prepared remarks I did not make reference to the bill because I didn't believe that was going to be brought up. We would be in favor of the concept of the bill, and when we would have time to go back on a line-for-line basis, then we could make more remarks. But we would not be opposed to the bill as it stands.

Dr. **Rowland**. I was just trying to clarify that in my own mind. I thank the gentleman for yielding.

Mr. **Christopher Smith**. Mr. Chairman, I have one additional question of Mr. Lyngh.

On page 3 you say perhaps Congress should encourage the VA to make referrals of veteran patients to chiropractors where the patient requests such referrals.

I would just say, based on the testimony we have received today throughout this hearing, it seems pretty clear that, despite the fact veterans have made requests for referrals, they have been told in some cases that the VA does not have the authority to provide for that care, or for reimbursement, and as Dr. Williams said in his statement, access to chiropractic care is still being denied veterans on a systematic basis. So I think that has been tried. We did try to encourage in previous law and it has just not borne fruit.

Mr. **Lyngh**. Well, Mr. Smith, we don't deny that the problem exists. Our feeling has been that through its oversight function, rather than through the adoption of legislation, perhaps the committee could work with the Department of Medicine and Surgery to encourage them to proceed in a more reasoned fashion to consideration of the use of chiropractic, where indicated.

Mr. **Christopher Smith**. I would just respond to the gentleman that the idea behind my legislation is to provide for a very modest pilot program that would be evaluated, would have a sunset provision—as was pointed out by Colonel Passamaneck—so that we could evaluate whether or not the need really is there for this kind of service. It is not a very costly program that we're talking about.

Colonel **Passamaneck**. I think we have got to re-emphasize, sir, that the crux of the whole bill, as I see it, is really not whether we're going to refer these people outside or whether we're going to hire chiropractors. The real crux of the whole thing is we're going to give to the chiropractor and his veteran patient the power or the authority to select that type of treatment which he doesn't have now. I mean now we're asking M.D.'s who are categorically opposed to the very idea of chiropractic to—you know, it is sort of like putting the fox in the henhouse and saying "take care of these people." It's not working.

Mr. **Egan**. May I just make one remark?

On several issues we have all been interested in this year, we have been asked to see some scientific studies to show that, whether it be exposure to radiation or agent orange, that they should be compensable. Early on you asked a representative of the ACA about studies showing chiropractic does what the representatives claim that it does. Their response was simply that the Federal Government hasn't given them the money to carry out the studies.

Well, were those studies to be carried out, and were those studies to show, indeed, whether it be mixers or straights or what have you, that what they do works, then perhaps the medical profession, the American Medical Association, the American medical colleges, would be more inclined to recommend to the VA that greater numbers of referrals be made. So we might just be putting the cart before the horse here by saying let's assume that what they're doing works and on that assumption make referrals. That might be just a bit much to expect.

Mr. **CHRISTOPHER SMITH**. Mr. Egan, I would just say I am very happy that it will become part of the record that the ICA did provide us with some exhibits of studies that have been conducted. I would commend that to your reading as well as the other members of the panel.

Mr. **JOECKEL**. May I also state, Mr. Smith, that when we have urged the scientific studies in terms of agent orange and atomic veterans, we are talking about compensation. It is a little different issue than the one we are dealing with here today. We are on record in support of those studies as well.

Dr. **ROWLAND**. Thank you.

Mr. Bilirakis.

Mr. **BILIRAKIS**. Thank you, Mr. Chairman.

I, too, would like to commend the members of this panel, as well as all the other panels, and I would apologize to the earlier panels for my tardiness but I was tied up in an Aging hearing at 9 o'clock.

I would personally like to welcome Colonel Passamaneck. I had the pleasure of meeting him the other evening when I was the main speaker at an AMVETS State convention in Florida. I was very impressed with the gentleman and I do commend you, sir, for your trouble to come here today and for your fine remarks.

Colonel **PASSAMANECK**. Thank you, sir.

Mr. **BILIRAKIS**. I would ask Colonel Passamaneck and the others, it is my impression—I have been a veteran for 28 years, since 1955, and over much of that time I have spent in veterans' posts, the VFW and American Legion—I'm a former commander of an American Legion post—and I have heard veterans for years talk about this particular problem.

Is it merely a current VA policy that we are concerned with, or is this a policy of long standing?

Colonel **PASSAMANECK**. I think what we're talking about is almost a quasi-religious doctrine between the medical profession and the chiropractors. There is an awful lot of emotion concerning this thing. Of course, we, being laymen, cannot probably appreciate the ramifications fully, but I think that's what it is. I don't think it really has anything to do with the VA.

I think the medical profession has a tremendously powerful position in the VA and has since its inception, as it should be. It's a very important function in the VA. In that capacity, they are sort of able to control the situation, at least they have up to now. I think it is more a question of a contest between M.D.'s and chiropractors, rather than a VA position as such.

Mr. **Bilirakis**. I am happy to hear you say that, sir,

I know what you're saying. The real world is that there has been a conflict there. But I am encouraged to see the statistics in the ACA report here referring to the 1980 Opinion Survey which reflects 95.8 percent of the chiropractors referred to M.D.'s and 74.2 percent reported M.D.'s referrals to them. It goes on and says, additionally, 49 percent of the chiropractors responding to the survey said that they had treated M.D.'s—a very interesting point—as patients during their career. So, hopefully, there is a thawing taking place here.

I would refer to The American Legion statement on page 3, just to repeat it. "The American Legion does not wish to see the controversy involving chiropractors and allopathic physicians invade the VA health care program for veterans." I commend them for their concern in that regard, and I think that is the bottom line of everything. If this problem hopefully is thawing—and there seems to be an indication of that—if that were to continue, I would hope it would not permeate the entire veteran health care picture. I think we all have to be careful with that.

In the short period of time that I have been here, Dr. Rowland, I have learned a lot, and I appreciate the opportunity. Thank you very much.

Dr. **Rowland**. Thank you, Mr. Bilirakis. I appreciate you pointing out that there is a thawing relationship between M.D.'s and chiropractors, as indicated by that survey, and I think that flies in the face of what Colonel Passamaneck said when he stated a few minutes ago that M.D.'s are categorically opposed to chiropractors.

Colonel **Passamaneck**. Let me say this, sir. The powers that be within the medical circles in the VA haven't thawed out sufficiently as far as I'm concerned, and I don't think they will for a long time. They may not represent the general medical community, but they are a very close-knit and dedicated group and as far as I'm concerned they're just not ready to buy chiropractic at this point.

Dr. **Rowland**. I wish to recognize counsel.

Mr. **McDonell**. Mr. Chairman, I would like to ask one question of three of the organizations that have stated they would support legislation similar to what is being discussed this morning. The fact that under existing regulations the fee basis program is a referral program, I think all of us will agree the proposed legislation would require that the veteran be service-connected and to have been treated in a VA hospital, but that after meeting those requirements he could go to a chiropractor of his choice without a referral and that the VA would then pay for it.

I would like to ask: Is it the position of your organizations that you would support a change in the law so that the fee basis program could be one in which the veterans could go to any medical doctor or chiropractor or osteopath or whoever it may be without a referral program?

Mr. **Joeckel**. Obviously, Mr. McDonell, the ideal would be that we have a VA physician and a VA chiropractor, so that when such an application came in, an eligibility determination as to whether or not a veteran could be helped by the chiropractic profession, referral for such care would occur. But I don't think that is going to occur.

We obviously don't want to leave the fee basis program open to any veteran who walks in the door and decides "I want this and I want that," and he determines what is best for him. We would not support that. But in this instance, considering all the controversy surrounding this subject, perhaps in a short-term look in a pilot type of program, it can help us find just how we should deal with such care. Should we hire a chiropractic professional to take a look at eligibility determinations for fee basis? I don't know. But short of that, we are in favor of the bill because there isn't much else.

Dr. **Rowland**. I would ask those of you who wish to respond to this question to do so very briefly. We have a vote coming up.

Mr. **Magill**. The Veterans of Foreign Wars are mandated by resolution, as you know, and our resolution just states that we want chiropractic care made available to the veterans on request. As I stated to Mr. Smith, I have not had a chance to go on a line-by-line basis with his bill, and if he would like our remarks, I would supply that for the record.

Mr. **Lyngh**. Just for the record, The American Legion, of course, does not recommend at this time the adoption of the legislation.

Dr. **Rowland**. Any further comments or questions?

Colonel **Passamaneck**. Sir, if I may point out, Mr. Smith's bill does not require, the way I understand it, that the veteran first seek or obtain treatment in a VA hospital. There are three alternatives, and one of them is that he may have been treated in a VA hospital, and the other one is simply chiropractic services for treatment of a service-connected musculoskeletal condition and it doesn't require that he have hospital treatment beforehand. In other words, the chiropractor is going to determine whether the condition is service-connected and he is going to treat it, just like a doctor does in the VA hospital, or in the case of outside referrals.

Mr. **McDonell**. Well, the point I am making, Colonel, is that under existing law the entitled veteran has to have a referral from a doctor. Under that program, he would not. Would you favor changing the law?

Colonel **Passamaneck**. Yes, sir; at least for the duration of the pilot program.

Dr. **Rowland**. Thank you very much.

If there are no further questions or comments, without objection, the testimony submitted will be made a part of the record.

I wish to thank everyone for being here this morning. The subcommittee stands adjourned.

[Whereupon, at 12:06 p.m., the subcommittee was adjourned.]

APPENDIX

STATEMENT OF
D. EARL BROWN, JR., M.D.,
ASSOCIATE DEPUTY CHIEF MEDICAL DIRECTOR,
DEPARTMENT OF MEDICINE AND SURGERY,
VETERANS ADMINISTRATION
BEFORE THE
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
COMMITTEE ON VETERANS' AFFAIRS,
HOUSE OF REPRESENTATIVES

JUNE 28, 1983

Mr. Chairman and Members of the Subcommittee:

I am certain that the members of this committee are well aware of the long-standing differences of opinion between practitioners of allopathic medicine and proponents of chiropractic theory. I do not seek to reopen that debate this morning.

As you know, the Congress has mandated that the primary function of the Department of Medicine and Surgery is "to provide a complete medical and hospital service . . . for the medical care and treatment of veterans." This long-standing mission statement is set forth in section 4101 of title 38, United States Code. We believe it is important to recognize that, under law, the VA health care system has long been based on the medical model. As architects and builders of that system, this committee has certainly been instrumental in assuring that our hospitals are providers of quality medical care.

We believe that it is important in your consideration of measures which might require the VA to provide or reimburse for chiropractic services that you be aware that such a requirement would represent a fundamental change in the function, focus, and orientation, and potentially in the structure, of that health care system.

If this committee is to consider such legislation it would presumably be based on the premise that the VA presently lacks the ability to provide a full range of quality care and services to eligible veterans. We reject that premise.

As noted, the VA is required by law to provide a complete hospital and medical service for the care of veterans and to employ the services of licensed physicians who hold a degree of doctor of medicine or osteopathy from a college or university approved by the Administrator. The therapeutic capabilities of the existing VA medical staffs and consultants are comprehensive and flexible, and fully meet the needs of all veteran patients. We strongly believe that disorders of the musculoskeletal system are skillfully and appropriately treated in the VA by physicians, medical and surgical subspecialists, and specialized support personnel.

We have taken note of the urgings from some that VA reevaluate its position on chiropractic. Let me say that we have not ignored this suggestion. We have in fact very carefully studied chiropractic and have reviewed a considerable body of literature on the subject.

We do not seek to persuade you to reject the scientific or therapeutic validity of chiropractic. What we do urge is that this committee recognize the strengths and capabilities of the VA health care system. We view that system as relatively unique in itself and in the capabilities it offers veterans. Frankly, we do not see a role for chiropractic in that system.

Shouldn't the veteran have freedom of choice, we are asked, and be permitted to receive chiropractic care in his community at VA expense? Veterans, of course, have freedom of choice in their selection of health care providers and modes of care. We know that many eligible veterans, for a variety of reasons, do not routinely obtain their care from VA. Some may seek care from sources outside the medical profession. We do not ask you to attempt to regulate the freedom of choice veterans have as health care consumers. We do ask that you do not inadvertently redesign the VA health care system in an effort to increase further the choices available.

Unlike Medicare and other systems, VA's health care system is primarily a provider of care, not a passive reimbursement mechanism. Congress has clearly delineated the circumstances under which fee-basis or contract care may be authorized. Those circumstances are limited, as they should be. Other than in certain emergencies, the law does not now permit VA to reimburse at all unless VA physicians have determined in advance that care is needed and have authorized it. Legislation to require VA to reimburse for chiropractic services would create the unprecedented situation of permitting a veteran to obtain VA-sponsored services without any prior determination of that individual's need for those services. Such legislation would set a far-reaching precedent and would encourage additional professional groups both within and outside allopathic medicine to seek authority to become direct providers of services to veterans with the Veterans Administration relegated to the role of bill payer. Mr. Chairman, this would be a substantial step toward so-called "mainstreaming" of veterans' health care in the private sector. Mainstreaming, of course, represents a seductive path which, if taken, would almost inevitably lead to demise of the VA health care system as we know it. This has been clearly recognized by veterans and by this committee, and has been soundly rejected. We urge you not to take this first step.

The need for prior authorization is especially important, in our judgment, in an area such as the treatment of neuromusculoskeletal problems. Allopathic medicine classifies over 200 disorders or disease entities within the general category of "neuromuscular" or "neuromusculoskeletal" diseases, or diseases which can produce "neuromusculoskeletal symptoms." The tissues involved can include: bones; joints; ligaments and tendons; muscles; nerves, including the brain, spinal cord, spinal roots, peripheral nerve plexus and individual peripheral nerves; the vascular supply to any of the above tissues; or any combination of the above. The etiology (cause) may include: hereditary and genetic disorders (e.g., muscular dystrophy); congenital malformations; injury or trauma; infection; neoplasia (cancer) and other tumors; metabolic disorders (e.g., diabetes); toxic disorders and poisons; immunological (allergic) disorders; and nutritional deficiencies. In addition, many of the neuromusculoskeletal disorders are of unknown etiology.

Despite the complexity and diversity of etiological factors and organ systems involved, there is usually a limited number of presenting complaints and symptoms: localized pain and tenderness; muscle weakness and wasting; muscular cramps and spasms; and sensory loss (numbness). As a consequence, many of the neuromusculoskeletal disorders with quite different etiology and disease mechanism will often present a very similar if not identical initial picture. Proper treatment is critically dependent upon correct identification of not only the tissue or organ system involved but of the mechanism and the location of involvement as well.

Correct diagnosis requires both clinical and laboratory data including thorough medical history and physical examination; neurological examination; orthopedic evaluation; evaluation of the strength and range of motion of joints and muscles; radiologic studies of many parts of the body in addition to the spinal vertebrae; hematologic, biochemical, microbiologic and toxicological studies; and an evaluation of the electrical properties and reactions of muscles and nerves. In addition, in some cases the adequacy of the peripheral circulation must be determined.

Because of the complexity of knowledge and skills required to diagnose and treat diseases of the neuromusculoskeletal system, the medical profession looks to the expertise of a number of subspecialists. In some complex or difficult diagnostic cases the involvement of up to a dozen different disciplines may be needed.

The staffing of our VA medical centers includes the variety of physicians, subspecialists, and support personnel needed for proper diagnosis, management and follow-up of neuromusculoskeletal conditions. Accordingly, we are confident that the VA can and does handle the array of disorders and disabilities of the musculoskeletal system.

In essence, as a provider of health care capable of furnishing the full range of quality medical care, we strongly object to the enactment of any legislation to require VA to furnish chiropractic services.

This concludes my statement, Mr. Chairman. I will be pleased to answer any questions you or members of the committee may have.

aamc association of american medical colleges

STATEMENT OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ON THE
PROVISION OF CHIROPRACTIC CARE TO THE VETERAN

The Association of American Medical Colleges (AAMC) appreciates this opportunity to discuss its views on the provision of chiropractic services to veterans.

The AAMC serves as the national representative for all U.S. accredited medical schools, and more than 400 of the major teaching hospitals including 97 VA facilities. Its interest in the VA's medical care programs stems from the mutually productive relationships that have developed between the country's medical schools and the VA hospitals since the close of World War II: affiliation agreements encompassing patient care, medical education and research now exist between 100 medical schools and 134 VA health care facilities. Thus, the introduction of any modality of treatment for the veteran is of deep interest to those affiliated relationships.

Presented by John A. D. Cooper, M.D., President, Association of American Medical Colleges before the House Committee on Veterans' Affairs Subcommittee on Hospitals and Health Care, June 28, 1983.

SAFETY AND EFFECTIVENESS OF CHIROPRACTIC CARE

The AAMC's position on the provision of chiropractic care to veterans is that the introduction of any form of treatment for veterans whether on an inpatient or outpatient basis should be supported by substantial evidence of its safety and effectiveness. The Association is not persuaded that such evidence exists in the case of chiropractic.

A number of distinguished groups have addressed the question of legitimacy of chiropractic as a medical discipline. However, none has established a scientific explanation or proven by scientific method the validity of the chiropractic theory of the origin of disease. In fact, a number of these reports admit that chiropractic lacks a scientific explanation. Not only has the scientific basis of chiropractic practice not been adequately explained, but studies of its efficacy are extremely limited.

A recent review of the matter of efficacy of chiropractic was undertaken by the Office of Technology Assessment of the Congress of the United States upon the request of the Senate Committee on Finance[1/]:

- The OTA first carried out a literature review of the efficacy of chiropractic. A special literature

---

[1/] Review of the Report, Chiropractic in New Zealand, Report of the Commission of Inquiry, 1979, by David Banta, Office of Technology Assessment, Congress of the United States, April 1980. Requested by the Senate Committee on Finance.

search was done by the National Library of Medicine which sought well controlled studies of chiropractic. Additionally, the bibliographies in all published articles that were obtained were examined for further references. The Report of a Workshop held at the National Institutes of Health in February 1978, on The Research Status of Spinal Manipulative Therapy was examined.

- The OTA report also examined the Report of the Commission of Inquiry of 1979, on chiropractic in New Zealand.

The Association must agree with the conclusions of the OTA study that, "there remains a lack of serious scientific study of the basis of chiropractic treatment." To date, the efficacy of chiropractic treatment is in large measure limited to patient testimonies in favor of it. One can only conclude that in view of available studies in the published literature, there have been no well-designed clinical trials to evaluate the efficacy and furthermore, the safety, of chiropractic.

FREEDOM OF CHOICE

It has been argued that patients should have freedom to choose the kind of therapy they receive. While the Association acknowledges the right of individuals to select the practitioner of their choice, responsible stewardship of Federal funds require

---particularly in these times of limited resources---that expenditures be limited to sound therapeutic procedures. The fact that the Federal Government now pays for chiropractic services in a variety of programs including Medicare does not persuade this Association that the practice should be extended to the programs of the VA. Previous decisions to include chiropractic services among those that are paid for by the Federal Government were unwise; to now make them available to beneficiaries of the VA would simply compound the original mistake. Moreover, it should be remembered that the VA Department of Medicine and Surgery is a provider of health care, not a financier of health care.

Several hospital and professional associations which once considered it unethical for physicians to engage in professional associations with chiropractors have now revised their stance to permit this. While this approach is in keeping with current views in this country relating to free enterprise, free choice and competition, it is responsive to considerations which are primarily technical and legal, affecting individual and organizational relationships. This revised position in no way changes the judgment of this Association about the lack of scientific validity of the modality under discussion. Unfortunately, it conveys to the public that there has been a change of heart more broadly.

CHIROPRACTIC CURRICULUM

An examination of the curriculum of study involved in the preparation of chiropractors for the practice of their profession is not reassuring. As published by the Foundation for Chiropractic

Education and Research,[2] the curriculum does not appear to include pharmacology, materia medica, or therapeutics. While many chiropractors limit their practice to manipulation, others treat a wide spectrum of problems through a variety of approaches including drugs. Utilization of drug therapies by those who have not seriously studied, much less mastered a body of knowledge about their origin, use, effectiveness, side effects, and contraindications is disturbing. From what we can learn of the training requirements and the practice itself, chiropractic allows persons with limited qualifications to practice medicine under another name. To permit this may result in delay of appropriate care and early diagnosis, increased complications, and the denial of proper diagnosis, evaluation, and therapy to many patients.

The medical schools and medical faculties of this country share the concern of this distinguished panel with the quality of health care afforded the American veteran. There is an old saying "when in doubt, don't." There is more than a shadow of doubt as to the validity of the theory since in 85 years no objective, scientific studies have been forthcoming to substantiate the required facts. There is more than a shadow of a doubt that the chiropractic treatment is efficacious for other than a very narrow set of circumstances. When in doubt, don't. Cost considerations aside, the AAMC sees no persuasive evidence that permitting reimbursement for chiropractic services in the Veterans Administration system and thereby signaling to veterans that chiropractic constitutes a safe and effective mode of treatment would be a sound decision.

---

[2] Chiropractic Health Care, A Conservative Approach to Health Restoration. Maintenance and Disease Resistance, 3rd Edition, The Foundation for Chiropractic Education and Research. Des Moines, Iowa (1979).

association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202 828-0460

July 18, 1983

Rep. Bob Edgar
Chairman, Subcommittee on
Hospitals and Health Care
Committee on Veterans' Affairs
Cannon House Office Building
Room 338
Washington, DC

Dear Mr. Chairman:

Enclosed is the stenographic record of my statement before your Committee on June 28, 1983 with the appropriate editorial revisions.

In order not to distort what I actually said to the Committee, I did not modify responses I provided to questions which I now find in error. On page 41 of the transcript, I reportedly said that chiropractic study requires "at least two years of high school and approximately four years of chiropractic study in a chiropractic school." My statement should have been that it "requires at least two years of *post*-high school *or* college *study*." This error persists through my comment at the top of page 43. On the matter of the use or prescription of drugs, I am advised by my staff that no state licensure law specifically authorizes the use or prescription of drugs by chiropractors. Twelve states' statutes are apparently silent on the subject, while others limit their prohibitions related to drugs to prescription drugs or those included in materia medica.[1]

Thank you for the opportunity to testify and to provide this clarification of my statement.

Sincerely,

John A. D. Cooper, M.D.

[1] The source of this information is Appendix II, Summary of State Chiropractice Definitions and Laws, appearing in *Chiropractors: A Consumer's Guide*, by John Langone, Addison-Wesley Publishing Company, (1982).

Statement of the
AMERICAN CHIROPRACTIC ASSOCIATION
to the
U. S. House Veterans Affairs
Subcommittee on Hospitals and Health Care
on
Chiropractic Care for Veterans
June 28, 1983

Good morning my name is Dr. Kenneth W. Padgett, and I am the President of the American Chiropractic Association. I will not read my entire statement this morning so I ask that the committee place my complete prepared statement in the record. It is a pleasure to represent the American Chiropractic Association before the U. S. House Veterans Affairs Subcommittee on Hospitals and Health Care this morning. The American Chiropractic Association (ACA) is a professional association of 19,000 members. We represent a majority of the nation's chiropractors. The ACA is extremely grateful for the opportunity to testify and wishes to thank the full committee chairman, Congressman G. V. (Sonny) Montgomery (D-MS) as well as the subcommittee chairman, Congressman Robert Edgar (D-PA) for calling these hearings to consider chiropractic care for veterans. We also appreciate the staff time it took to organize these hearings.

Several decades ago the ACA would have had a far different piece of testimony to offer this subcommittee. Since that time the chiropractic profession has done a great deal to upgrade its standards and achieve widespread recognition. It is with pride that I recall the strides that have been taken by my profession as it has offered health care to millions of Americans nationwide. These advancements have not been through federal largess. Rather, through strenuous self-examination and rigorous upgrading of educational standards the chiropractic profession has prospered despite opposition from its competitors in the health care delivery system.

Studies have shown that the public is not aware of the large amount of time it takes to become a qualified health professional. To become a licensed chiropractor today is a long process indeed. After undergraduate study which must include a prescribed coursework in the sciences, the chiropractic student enters a four year college for his or her professional education. Chiropractic colleges are accredited by the Council on Chiropractic Education (CCE), the officially recognized accrediting body by the U. S. Department of Education. CCE's status with the Department of Education is similar to the educational status of other health professions. As in other professions such as medicine the chiropractic student sits for his/her national boards as part of the licensure process. Individual states generally accept this testing process as only one step toward licensure. Usually, states require additional examinations and practical tests before the student completes the licensing process. In years past, before the chiropractic profession developed its own national boards, chiropractic students sat for the same basic science examination as their medical student brethren. Chiropractic students did well in that process. The national chiropractic board today encompasses not only the basic science exam material but also additional testing on chiropractic and manipulation. The chiropractic profession can also be justifiably proud that it has been in the forefront of continuing education programs that are required for chiropractors to be relicensed each year. Such initiatives have strengthened the profession and present a better educated health provider to the public.

Accross the Board Acceptance

Chiropractic has made great strides in becoming an integral part of today's health care delivery system. All fifty states and the District of Columbia license chiropractors. With a few glaring exceptions, the federal government accepts chiropractic care as part of the nation's health care delivery team. Chiropractic services are covered in Medicare, Medicaid, the Vocational Rehabilitation Act, the Longshoremen and Harbour Workers' Act, federal employee health benefits plan, and the IRS permits chiropractic as a "medical" deduction. In recent years chiropractic became part of the Health Professions Act thus making chiropractic students eligible for the HEAL (Health Education Assistance Loan) programs. By law HHS has added the chiropractic profession to its list of professions upon which to collect data. The immediate past Secretary of Health and Human Services, Richard Schwieker, appointed a chiropractor to serve on one of his advisory councils. Chiropractic is included in many commercial insurance policies as well as a variety of labor/management health and welfare plans. Perhaps most importantly and ironically, chiropractic education is covered under the GI bill.

According to statistics published in Medical Economics, referrals to chiropractors from MDs have more than doubled from 1975 to 1981. And, 68 percent of the patients responding to a 1982 Medical Economics patient attitude survey say they have sought treatment from a chiropractor. ACA's 1980 Opinion Survey II reflected similar findings showing that 95.8 percent of the chiropractors referred to MDs and 74.2 percent reported MD referrals to them. Additionally, 49 percent of the chiropractors responding to the survey said they had treated MDs as patients during their career.

It is with these facts to support me that I present ACA's position to you today. ACA strongly supports the inclusion of chiropractic care as part of the health care available to veterans through the Veterans Administration. Our veterans deserve the same choice of health care to which all Americans are entitled. To abridge these individuals' health care opportunities when we as a nation have decided they deserve some additional benefits is an injustice.

As I stated previously, chiropractic education is covered under the GI bill. According to the ACA 1981 education survey, thirty-five percent of all American chiropractors went to school under the GI bill. Almost half of all chiropractors are veterans and over a quarter of all chiropractors are veterans who served in combat zones. Yet, ironically, none of these individuals can uniformly treat their military colleagues under the present Veterans Administration guidelines.

A number of veterans' groups have spoken out in favor of chiropractic inclusion in veterans' health programs. Among them are the VFW, the Military Order of the Purple Heart, the Disabled Officers Association, Non-Commissioned Officers Association, and the Disabled American Veterans. These groups recognize the importance of chiropractic care for their fellow veterans.

What about cost? Won't the addition of another health care provider increase the expenses of the Veterans Administration? These are the questions most frequently raised in opposition to the inclusion of chiropractic in the Veterans Administration. Numerous studies of state worker compensation records have been conducted. These studies prove that chiropractic care can provide dramatic savings in time and and money. Researchers found that chiropractic patients were returned to the work force more quickly and at less cost than medical patients. Additionally the cost of chiropractic care to the Veterans Administration would not be that of an additional service but rather, an alternative to services which are already provided. Similar to the choices between an optometrist and an ophthalmologist, or an MD and a podiatrist, chiropractic would be an option open to veterans.

Veterans Administration Health Care

The Veterans Administration has the responsibility to provide the full range of quality medical care to its charges. The Veterans Administration has stated in the past that they meet the needs of all veteran patients. The veteran groups speaking for their memberships have generally said they want chiropractic services made available. The patients are speaking and asking for chiropractic. In a letter to the Chairman of the U. S. Senate Veterans Affairs Committee, Alan K. Simpson, dated May 12, 1983, V.A. Administrator Harry N. Walters said, "We note that, under existing authority, a treating V.A. physician may refer a veteran eligible for V.A. medical treatment to a chiropractor for treatment on a fee basis... Concededly, this authority is seldom, if ever, used."

We are pleased that the Veterans Administration acknowledges its authority to refer to a chiropractor. In no other federal program, however, is chiropractic available only under the prescription of an MD. For that matter no states have a program that provides for chiropractic services under the prescription of an MD. We solemnly confirm that we receive complaints from veterans that the Veterans Administration does not only routinely deny, but discourages, veterans from receiving chiropractic care. In the private sector such actions would raise serious legal questions.

As the committee is already aware S. 567, which provides for chiropractic care by the Veterans Administration has been incorporated into S. 578 and has been approved by the full U. S. Senate Veterans Affairs Committee this year. Similar legislation has passed that body in past years. H.R. 3016 introduced by Congressman Chris Smith (R-NJ), a member of this subcommittee, provides for a similar pilot program for chiropractic services to veterans. These legislative initiatives are in part a response to the Veterans Administration's reluctance to utilize chiropractic services.

The Veterans Administration's Department of Medicine and Surgery has the complex task of caring for the ailments of the nation's veterans. They handle this responsibility through a variety of administrative procedures. Health care providers are hired full time, some are hired part time, and others on a fee for service basis. The compelling reality is that the Veterans Administration health care system today is not a mirror of the health care system in the private sector. Private insurers have easily incorporated chiropractic into their administrative processes over the years.

Recommendations

As this committee considers its options on chiropractic care for veterans, let me make several suggestions. A full range of contract care with chiropractors is available. Chiropractors could be hired by the Veterans Administration in a fashion similar to some of the current arrangements with podiatrists and optometrists. Part time or fee for service arrangements are also possible. Chiropractic clinical operations are easily established, and needed x-ray equipment, for example, is readily available at the Veterans Administration's facilities.

In view of the aging veteran population it would also be in their best interest to change one word in H.R. 3016. It now provides that chiropractic manipulation should "correct" a subluxation. We suggest substituting the work "treat" for "correct" to protect the veterans.

Some of the legislative initiatives to establish a pilot program for chiropractic services limit which veterans would be eligible for care even though there is a monetary cap on overall expenditures. The monetary cap should satisfy the need to limit which veterans would be able to receive the services. All veterans eligible for health care benefits should be able to receive chiropractic care. In this way the Veterans Administration will be able to give Congress an accurate report on the demand for chiropractic services. The budgetary allotment for the pilot program will effectively control what is normally a major concern, an open ended entitlement program. At this juncture there are two important items to note: 1) the Veterans Administration acknowledges its authority to provide chiropractic care; 2) that authority does not place on it the limitations on eligibility that H.R. 3016 would impose.

Respectfully we suggest that instead of a pilot program the Congress should enact a permanent program. The evidence is overwhelming and convincing from both private and federal programs that chiropractic is an important and necessary part of the health care delivery system, especially for veterans. Therefore in our judgment Congress should authorize chiropractic on a regular basis bearing in mind that in three years the committee would hold oversight hearings to see if any changes were necessary as to authorization or to the financial arrangements of the program.

The nation's health care delivery system is a large and constantly changing one. Over the years this committee has responded admirably to the needs of this country's veterans. You have fine tuned the programs and added needed services and facilities as the necessities have been demonstrated. ACA stands ready to assist this committee and the Veterans Administration in an effort to meet the veterans' health care needs. Other federal agencies have created a mechanism for chiropractic reimbursement. The veterans of this nation look forward to this benefit.

In closing let me reiterate our appreciation for the invitation to appear today at these hearings. Thank you for turning the committee's attention to chiropractic care for veterans.

ICA
INTERNATIONAL CHIROPRACTORS ASSOCIATION
EXECUTIVE OFFICES

July 21, 1983

The Hon. Robert Edgar
Chairman, Subcommittee on Hospitals and
Health Care
Veterans Affairs Committee
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Edgar:

In response to questions raised during the course of hearings held before your Subcommittee on June 28th, 1983 on the issue of chiropractic care for veterans through the Veterans Administration, enclosed please find a document published by the Federation of Chiropractic Licensing Boards. This book outlines the chiropractic licensing procedures followed in each state, plus summarizes the scope of practice allowed under each licensing statute.

Mr. McEwen requested this information for the hearing record, and should you or any other member of your Subcommittee have additional questions, we will be most happy to answer them or provide any additional information you may require.

Thank you for your attention and consideration.

Sincerely yours,

Dr. Bruce E. Nordstrom, D.C.
Executive Vice-President

CC: Rep. Bob McEwen

83

1982-83

Official Directory

of

Chiropractic

Examining Boards

With

Licensure & Practice Statistics

F C
L B

Published by
FEDERATION OF CHIROPRACTIC LICENSING BOARDS

CYNTHIA E. PREISS, D.C., F.I.C.C., SEC'Y. - TREAS.
501 EAST CALIFORNIA AVENUE - GLENDALE, CALIFORNIA 91206

PRICE: $10.00

TABLE OF CONTENTS

PAGE

FEDERATION OFFICERS AND DIRECTORS 2

FEDERATION DISTRICTS 3

FEDERATION OF ASSOCIATIONS OF HEALTH REGULATORY BOARDS 3

UNITED STATES CHIROPRACTIC LICENSING BOARDS 4-47
    Licenses Required for Practice
    Examination Dates and Examination Fees
    Subjects Examined
    Educational Requirements
    Scope of Practice
    Board Members

CANADIAN CHIROPRACTIC LICENSING BOARD 47-50
    Canadian Provincial Licensing Boards

NATIONAL BOARD OF CHIROPRACTIC EXAMINERS 51-55
    Officers and Directors
    Purpose
    Requirements
    Fees
    Acceptance of Examination

STATE PRACTICE STATISTICS 56
    Reciprocity
    Type of Board
    Basic Science Law
    Recognition of National Board
    Chiropractic Included in Medicaid
    Continued Education Required
    Examination Given in Clinical Competence
    Recognition of C.C.E. Graduates
    Non-Professional Education Required for License

LICENSE STATISTICS 57-58

STATISTICS PERTAINING TO INDIVIDUAL STATE LAWS 59-60
    Good Samaritan Law
    Child Abuse Reporting Law
    D.C. Responsible for Reporting Communicable Diseases
    D.C. Responsible for Reporting Disabling Conditions
    D.C.'s Report for School Children's Examination
    D.C.'s Report for Excuses from School
    D.C. Authorized to Sign Death Certificates
    Insurance Equality
    Insurance Equality/Blue Shield

CHIROPRACTIC COLLEGES IN THE UNITED STATES, CANADA ENGLAND AND AUSTRALIA 61

CHIROPRACTIC ACCREDITING COMMISSION 62

NATIONAL CHIROPRACTIC ASSOCIATIONS 62

STANDARD BASIC CURRICULUM 63

FEDERATION OFFICERS AND DIRECTORS

1982 - 1983

PRESIDENT: Jerome Auerbach, D.C., P.O. Box 207, Delmar, CA 92014
Office Phone: (714) 235-0055

VICE PRESIDENT: Donald D. Ross, D.C., 800 Gallatin St., S.E. Huntsville, AL 35801 Office Phone: (205)539-9407 Res.(205)536-1655

SECRETARY-TREASURER: Cynthia E. Preiss, D.C., 501 E. California Ave., Glendale, CA 91206 Office Phone: (213) 240-1776

DIRECTORS:

	TERM EXPIRES	
District 1	1984	E.G. Samuel, D.C., P.O. Box 1120, Brookings, OR 97415 Office Phone: (503) 469-3522
District 2	1984	Paul Tullio, D.C., 6012 W. Fullerton Av., Chicago, IL 60639 Office Phone: (312) 622-2060
District 3	1986	Louis Latimer, D.C., 91 N. Main St., Suite 521, Carbondale, PA 18407 Office Phone: (717) 282-1240
District 4	1986	Eugene Scrivner, D.C., 301 W. Washington, Carson City, NV 89701 Office Phone: (702) 882-3583
District 5	1986	Earl Barbour, D.C. 1726 Westchester Dr., High Point, NC 27260 Office Phone: (919)885-5195 Res. (919)869-4332

CHAIRMAN OF THE BOARD - E.G. Samuel, D.C. - ....See District 1

FEDERATION DISTRICTS

District No. 1

Alaska
Alberta
British Columbia
Idaho
Montana
Nebraska
North Dakota
Oregon
Saskatchewan
South Dakota
Washington
Wyoming

District No. 2

Illinois
Indiana
Iowa
Kentucky
Manitoba
Michigan
Minnesota
Missouri
Ohio
Ontario
Wisconsin

District No. 3

Connecticut
Delaware
Dist. of Columbia
Maine
Massachusetts
New Brunswick
Newfoundland
New Hampshire
New Jersey
New York
Nova Scotia
Pennsylvania
Prince Edward
Quebec
Rhode Island
Vermont

District No. 4

Arizona
California
Colorado
Hawaii
Kansas
Nevada
New Mexico
Oklahoma
Texas
Utah

District No. 5

Alabama
Arkansas
Florida
Georgia
Louisiana
Maryland
Mississippi
North Carolina
Puerto Rico
South Carolina
Tennessee
Virginia
West Virginia

FEDERATION OF CHIROPRACTIC LICENSING BOARDS

Affiliated With:

FEDERATION OF ASSOCIATIONS OF HEALTH REGULATORY BOARDS
One East Wacker Drive
Suite 2210
Chicago, Illinois 60601

MEMBERS

American Association of Dental Examiners

Association of American Veterinary State Boards

American Association of State Psychology Boards

Council of State Boards of Nursing

Federation of Podiatry Boards

Federation of Chiropractic Licensing Boards

Federation of State Medical Boards

International Association of Boards of Examiners in Optometry

National Association of Boards of Pharmacy

ALABAMA

NAME OF BOARD:	Alabama State Board of Chiropractic Examiners
TYPE OF BOARD:	Chiropractic
LICENSES REQ. FOR PRACTICE:	Chiropractic
EXAM DATES - EXAM FEE:	March, July and November Fee - $100.00
SUBJECTS EXAMINED:	Symptomatology, physical diagnosis, neurology, hygiene and sanitation, chiropractic orthopedy (chiropractic orthopedics), spinography (x-ray diagnosis and radiation safety), nerve tracing and adjusting (chiropractic adjusting and manipulative procedures).
RECIPROCITY:	Reciprocity is granted on an individual basis only. To apply, in addition to the other requirements, have the state(s) with which you are licensed send to this office the WRITTEN subjects and RAW scores received. If a score of at least 75% has been made in at least four of the subjects required by the Alabama Board, reciprocity may be granted in part or total. Fee - $200.00.
EDUCATION REQUIREMENTS:	High school equivalent, 4 yr. (standard college yr.) Chiropractic College (Chiropractic students may take the exam in last term).
SCOPE OF PRACTICE:	May examine, analyze and diagnose the human body and its diseases by the use of any physical, clinical, thermal, or radonic method, and the use of x-ray diagnosing, and may use other general method of examination for diagnosis and analysis taught in any school of Chiropractic recognized by the Alabama State Board of Chiropractic Examiners. Chiropractic physicians licensed by the State Board of Chiropractic Examiners may practice Chiropractic as set forth in Section 34-24-120 and (a) and (b) of the Alabama Law and may also recommend the use of foods and concentrates, food extracts, and may apply first aid and hygiene, but Chiropractors are expressly prohibited from prescribing or administering to any person any drugs included in materia medica, except as herein provided, from performing obstetrics, or from giving x-ray treatments, or treatments involving the use of radioactive materials of any description.
BOARD MEMBERS:	Benjamin F. Hooker, D.C., Pres. 9232 Parkway East Birmingham 35206 John F. Evans, D.C., Sec/Treas. 103 First Ave. Centre 35960 Donald D. Ross, Sr. D.C., 800 Gallatin St. S.E. Huntsville 35801 James A. May, D.C., Rt. 9 Box 397 Jasper 35501 Henry T. Scott, D.C., 7408 1st Ave. N. Suite A, Birmingham 35206
OFFICIAL ADDRESS:	D.K. Cooper, D.C., Executive Secretary Alabama State Board of Chiropractic Examiners P.O. Drawer 3607, Robertsdale 36567

ALASKA

NAME OF BOARD: Alaska Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Second weekend in January & July - $25.00

SUBJECTS EXAMINED: Part I, (Basic Science Subjects) Anatomy, physiology, chemistry (organic, inorganic, bio-nutrition), pathology, bacteriology, hygiene-sanitation and public health.

Part II, (Clinical Subjects) physical, clinical, laboratory and differential diagnosis, gynecology, obstetrics, pediatrics, roentgenology, geriatrics, dermatology, syphilology, toxicology, psychology, psychiatry, principles of chiropractic, orthopedics and first aid, physiotherapy, ethics and economics and jurisprudence.

Note: Practicals, with some oral questions, as indicated, will be given in the subjects of chiropractic technique, physiotherapy and x-ray interpretation (Part III).

ED. REQUIREMENTS: Two years Liberal Arts or Science College, graduate of a legally chartered accredited school or college of chiropractic approved by the Board which required for graduates, a resident course of instruction of not less than four years of nine months each.

RECIPROCITY: Out-of-state licenses: The Board may issue a license without examination to an applicant presenting satisfactory proof of the possession of a license or Certificate of Registration in a state or territory of the U.S. or a foreign country, if the requirements for registration at the date of his license are considered by the Board as equivalent to those in the Chiropractic Law, and if the licensing jurisdiction extends the same privilege to those holding a license from this state.

LICENSING INFO: All requests for licensure information, applications, etc., and all applications for licensure completed must be sent directly to State of Alaska, Dept. of Commerce, Division of Occupational Licensing, Pouch "D," Juneau, Alaska 99811. Incomplete or completed applications for licensure, fees or separate documents sent to individual Board members will be returned to sender.

SCOPE OF PRACTICE: Chiropractic is defined: Chiropractic is the science of locating and correcting interference with nerve energy transmission and expression within the human body, and the employment and practice of drugless therapeutics, including physiotherapy, hydrotherapy, mechanotherapy, phytotherapy, electrotherapy, chromotherapy, thermotherapy, thalmotherapy, corrective and orthopedic gymnastics, and dietetics which includes the use of foods and those biochemical tissue building products and cell salts found within the normal human body, without the use of drugs or surgery.

BOARD MEMBERS:
Keith B. Godfrey, D.C., Pres., Chmn., 3800 Lake Otis Parkway, Anchorage 99504
Curtiss R. Anderson, D.C., 1823 E. 5th Ave., Anchorage 99501
Linnea Burmeister, Sec'y., P.O. Box 1103, Nome 99762
Kenneth Ketz, D.C., 3330 "C" St., Anchorage 99503
Thomas P. Davis, D.C., P.O. Box 944, Auke Bay 99821

OFFICIAL ADDRESS: State of Alaska, Dept. of Commerce, Division of Occupational Licensing, Pouch "D," Juneau 99811; Mrs. Anita Fitzgerald, Licensing Examiner.

ARIZONA

NAME OF BOARD: Arizona State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Twice a year - $100.00
SUBJECTS EXAMINED: Anatomy, physiology, pathology, bacteriology, symptomatology, diagnosis including physical, clinical, x-ray and laboratory subjects, chiropractic orthopedics, principles of chiropractic and adjusting, neurology, chemistry including biochemistry and nutrition, public health and hygiene, PHYSIOTHERAPY AND TRACTION and chiropractic spinal analysis, as taught by accredited chiropractic schools and colleges. AN APPLICANT MAY REQUEST THAT HIS EXAMINATION NOT INCLUDE THE SUBJECT OF PHYSIOTHERAPY AND TRACTION.
ED. REQUIREMENTS: High school, graduate of chiropractic school or college accredited by or having status with C.C.E. or having the equivalent of such standards as determined by the Board.
SCOPE OF PRACTICE: A Doctor of Chiropractic is a portal of entry health care provider who engages in the practice of health care which includes:

1. The practice of health care which deals with the detection and correction of subluxations, functional vertebral or articular dysarthrosis or neuromuscular skeletal disorders for the restoration and maintenance of health.
2. The use of physical and clinical examinations, diagnostic x-rays and clinical laboratory procedures by referral in order to determine the propriety of a regimen of chiropractic care or to form a basis for referral of patients to other licensed health care professionals, or both.
3. Treatment by adjustment of the spine or bodily articulations and those procedures preparatory and complementary to such adjustment, including physiotherapy and traction related to the correction of subluxations or orthopedic supports of the spine and acupuncture by certification.

A person licensed under this chapter shall not prescribe or administer medicine or drugs, perform surgery or practice obstetrics.

BOARD MEMBERS:
Gary G. LeDoux, D.C., Chmn., 10323 Coggins Dr., Sun City 85351
Burton N. Drucker, V.Chmn., 5226 N. 43rd St., Phoenix 85018
Shirley Bronski, 533 W. Almeria, Phoenix 85003
William W. Kalas, D.C., 4930 W. Glendale Ave., Glendale 85301
Philip L. Pierce, D.C., 302 W. Prince Rd., Tucson, 85705

OFFICIAL ADDRESS: Arizona Bd. of Chiropractic Examiners, 1645 W. Jefferson, Rm. 417, Phoenix, AZ 85007, (602) 255-1444; Sylva Aldredge, Sec.-Treas.

ARKANSAS

NAME OF BOARD: Arkansas State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: January & July - $50.00
SUBJECTS EXAMINED: Anatomy, physiology, chemistry, pathology, bacteriology, symptomatology, diagnosis, radiographic technique and diagnosis, hygiene and public health.
ED. REQUIREMENTS: Four years of 9 months; Basic Science certificate; 4,400 hours of 50 minutes; high school diploma, and not less than 2 years of college education in the field of science.
SCOPE OF PRACTICE: Practice of Chiropractic means the engagement for compensation in the diagnosis and analysis of any interference with normal nerve transmission and expression, the procedure preparatory to and complimentary to the correction thereof by an adjustment of the articulations of the vertebral column, its immediate articulations, or by other incidental adjustments for the restoration and maintenance of health and includes therapy, the normal regimen, and rehabilitation of the patient for the purpose of removing any injury, deformity, or abnormality of human beings without the use of drugs or surgery. The Practice of Chiropractic shall not include the performance of the duties of a mid-wife or obstetrician, therapy by the use of ionizing radiation, incisive surgery, prescribing for or administering to any person any drug to be taken internally, or puncturing the skin.

BOARD MEMBERS:
M.E. Calhoun, D.C., Pres., 1522 Maple St., N. Little Rock 72114
A.H. Swain, D.C., Sec'y., 404 Southwest Ave., El Dorado 71730
P.E. Thessing, D.C., Treas., 1100 W. 3rd St., Little Rock 72201
H.G. Perkins, D.C., 1115 S. Main St., Jonesboro 72401
Richard Spelzhaus, D.C., 420 E. Cook, Forrest City 72335

CALIFORNIA

NAME OF BOARD: California State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: First Monday following the third Sunday in May and first Monday following the second Sunday in November of each year - $65.00

SUBJECTS EXAMINED: Anatomy, embryology & histology, physiology, biochemistry, inorganic and organic chemistry, bacteriology, pathology, principles & practice of chiropractic, public health, hygiene & sanitation, obstetrics & gynecology, diagnosis, dermatology, toxicology, syphiology, psychiatry, x-ray, serology, dietetics, physiotherapy and office procedure.

ED. REQUIREMENTS: Graduate of chiropractic college having status with the Council on Chiropractic Education, and a diploma from a high school, and a transcript of 60 pre-chiropractic college credits satisfactory to the Board.

SCOPE OF PRACTICE: The basic principle of chiropractic is the maintenance of structural and functional integrity of the nervous system. A duly licensed chiropractor may only practice or attempt to practice or hold himself out as practicing a system of treatment by manipulation of the joints of the human body by manipulation of anatomical displacements, articulations of the spinal column, including its vertebrae & cord, and he may use all necessary mechanical, hygienic and sanitary measures incident to the care of the body in connection with said system of treatment, but not for the purpose of treatment, and not including measures as would constitute the practice of medicine, surgery, osteopathy, dentistry or optometry, and without the use of any drug or medicine included in materia medica. A duly licensed chiropractor may make use of light, air, water, rest, heat, diet, exercise, massage and physical culture, but only in connection with an incident to the practice of chiropractic as hereinabove set forth.

BOARD MEMBERS:
Charles E. Adams, D.C., Chmn.,P.O.Box 3407, Pismo Beach 93449
Jerome B.Klemer,D.C.,V.Chmn.,2232 SE Bristol St,#106,Santa Ana 92707
Mr. Dale Hagey,Sec'y.,Newport Harbor H.S.,600 Irvine Av, Newport Beach 92660
Willard B. Smith, D.C., 1103 12th St., Oakland 94607
Ronald M.Lawrence,M.D.,7535 Laurel Cyn.Blvd,Ste.A,N.Hollywood 91605
Paul Malapira, D.C., 3923 W.6th St., Ste.403, L.A. 90020
Raymond A.Ursillo,D.C.,1150 W.Robin Hood Dr.,Stockton 95207

OFFICIAL ADDRESS: State Board of Chiropractic Examiners, Mr. Edward J. Hoefling, Exec. Sec'y., 921 11th St., Ste. 601, Sacramento 95814

COLORADO

NAME OF BOARD: Colorado State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic; National Board
EXAM. DATES - EXAM. FEE: January and July - $154.00
SUBJECTS EXAMINED: Anatomy, including embryology and histology, physiology and psychology, biochemistry, inorganic & organic chemistry, pathology, bacteriology, toxicology, public health, hygiene, sanitation, first-aid, diagnosis, pediatrics, dermatology, syphiology, psychiatry, x-ray, obstetrics, gynecology, principles & practice of chiropractic, adjustive technique.
ED. REQUIREMENTS: High school graduate or its equivalent; graduate of approved chiropractic college, teaching course of not less than 4,000 res. classroom hours in period of four academic years.
SCOPE OF PRACTICE: "Chiropractic" means that branch of Healing Arts which is based on the premise that disease is attributable to the abnormal functioning of the human nervous system. It includes the diagnosing and analyzing of human ailments and seeks the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by hand, of the articulations and adjacent tissue of the human body, particularly the spinal column, and the usage as indicated of procedures which facilitate and make the adjustment or manipulation more effective, and the use of sanitary hygienic, nutritional, and physical remedial measures necessary to such practice.
Electrotherapy means the application of any radiant or current energies of high or low frequency, alternating or direct, except surgical cauterization, electrocoagulation, the use of radium in any form, and x-ray therapy, by a trained chiropractor who has fulfilled the educational and licensing requirements of this state board.

BOARD MEMBERS: William Newcomer, Sec'y.-Treas., 3478 S. Birch, Denver 80222
Galen Graham, D.C., 1935 E. Bijou, Colorado Springs 80909
Michael Law, D.C., 1450 28th Street, Boulder 80303
Glenn Hultgren, D.C., 2224 S. College Ave., Ft. Collins 80250
Eric Griffiths, D.C., 5515 W. 38th Ave., Denver 80212

OFFICIAL ADDRESS: Ms. Janice Koch, Sec'y., Colorado State Board of Chiropractic Examiners, Room 128, 1525 Sherman, State Services Building, Denver 80203

CONNECTICUT

NAME OF BOARD: Connecticut Board of Chiropractic Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: January & June - $150.00

RECIPROCITY: Must have licensure requirements similar to or higher, who is a graduate of an accredited school of chiropractic, have completed two academic years, have a certificate of proficiency in the basic sciences from a state board of basic science examiners.

SUBJECTS EXAMINED: National Board Diplomate
Practical - orthopedics, neurology, chiropractic technique, clinical evaluation, x-ray interpretation (spinal), personal interview.

ED. REQUIREMENTS: Two years pre-professional (60 hours) leading to a Baccalaureate Degree. Chiropractic college with an accredited status or equivalent by the C.C.E. or other agency approved by H.E.W.

SCOPE OF PRACTICE: The practice of that branch of the Healing Arts consisting of the science of adjustment, manipulation and treatment of the human body in which a vertebral subluxation and other mal-positioned articulations and structures that may interfere with the normal generation, transmission and expression of nerve impulses between the brain, organs and tissue cells of the body, which may be a cause of disease, are adjusted, manipulated or treated. Examine, analyze and diagnose the human living body and its diseases, and use for diagnostic purposes x-ray or other general method of examination for diagnosis and analysis taught in any school of chiropractic. Treat the body by manual, mechanical, electrical or natural methods or by use of physical means, including light, heat, water or exercise in preparation for chiropractic adjustment and by the oral administration of foods, food concentrates, food extracts or vitamins.

BOARD MEMBERS:
George J.Paul, D.C., 914 Main St., E.Hartford 06108
Theodore J. Dombroski, M.S., D.C., 3466 Main St., Stratford 06497
Dorothy Kowalski, 369 Middle Rd., Farmington 06032

DELAWARE

NAME OF BOARD: Delaware State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: First week in April & November - $50.00
SUBJECTS EXAMINED: Anatomy, physiology, chemistry, bacteriology, hygiene, symptomatology, orthopedy, chiropractic analysis, chiropractic principles & practice, nerve tracing, palpation & adjusting & drugless therapy. Basic Science exams given by Chiropractic Board.
ED. REQUIREMENTS: Two years academic college; four years accredited chiropractic school.
SCOPE OF PRACTICE: Chiropractic is the science of locating & removing any interference with the transmission of nerve energy. A license granted under the provisions of this chapter shall not entitle a licensee to use drugs, surgery, osteopathy, obstetrics, dentistry, optometry or chiropody.

BOARD MEMBERS:
Saul A. Ufberg, D.C., Pres., 2205 Daynard Bl, Wilmington 19802
Howard Brown, D.C., V.P.,1707 E. Newport Pike, Newport 19804
Joseph F.Rooney,JR.,D.C.,Sec'y.,3420 Faulkland Rd,Wilmington 19808

OFFICIAL ADDRESS:
Office of Prof. Licensing, State Board of Chiropractic,
Eugene Slocum, Admin., Margaret O'Neill Bldg., Dover 19901

DISTRICT OF COLUMBIA

NAME OF BOARD: Board of Examiners in Chiropractic
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic; Basic Science
EXAM. DATES - EXAM. FEE: As needed - $180.00 for Exam and $20.00 for License.
SUBJECTS EXAMINED: Anatomy, physiology, nerve tracing and principles and practice of chiropractic, and palpation.
ED. REQUIREMENTS: Two years pre-professional college; 4 years of 9 months each in a chiropractic college. May be consecutive 36 months.

BOARD MEMBERS:
Thomas B. Bartlett, D.C., Chmn., 6643 Western Ave., N.W.
Maria B. Scott, 5719 Kansas Ave., N.W. 20011
Isaac Wieder, III, 1101 3rd St., #212, S.W., 20024

OFFICIAL ADDRESS:
P. Joseph Sarnella, Staff Dir., Comm. on Licensure to Practice
the Healing Arts, 605 G. St., Room 202, N.W., Lower Level, 20001

FLORIDA

NAME OF BOARD: Florida State Board of Chiropractic
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Set by Dept. of Professional Regulation - 2 exams per year - $150.00
SUBJECTS EXAMINED: Basic subjects, diagnosis, chiropractic principles and practice, x-ray, hygiene, orthopedics, physiotherapy.
ED. REQUIREMENTS: High school graduate, approved chiropractic college graduate, two years liberal arts.
SCOPE OF PRACTICE: May examine, analyse and diagnose the human living body and its diseases by the use of any physical, chemical, electrical, or thermal method, and use the x-ray for diagnosing, and may use any other general method of examination for diagnosis and analysis taught in any school of Chiropractic recognized and approved by the Florida State Board of Chiropractic Examiners.
Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical or natural methods, or by the use of physical means, physiotherapy (including light, heat, water or exercise) or by the oral administration of foods and food concentrates, food extracts. and may apply first aid and hygiene, but chiropractic physicians are expressly prohibited from prescribing or administering to any person any medicine or drug, or from performing any surgery, except as hereinabove stated or from practicing obstetrics.

BOARD MEMBERS: Ronald Harris, D.C., Chmn., 9859 E. Fern St., Perrine 33157
Harold Smitn, D.C., V-Chmn., 6611 Ramona Bl., Jacksonville 32205
Byron Clark, D.C. 2511 W. Buffalo Ave., Tampa 33607
Joel Grossman, D.C., 100 Wymore Rd., Winter Park 32789
Miss Anna Lentz, 6611 Bowdoin Pl., Bradenton 33507
Mrs. Earnestine Cooper, 39 S.W.,9th Ave.,#5, Delray Beach 33444
Russell Posner, 6344 W. Oakland Pk. Bl., Sunrise 33313

OFFICIAL ADDRESS: Mrs. Jane H. Raker, Exec. Director, Florida State Board of
Chiropractic, Department of Professional Regulation,
130 N. Monroe Street, Tallahassee, Florida 32301

GEORGIA

NAME OF BOARD: Georgia Board of Chiropractic Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: April & October -$100.00

SUBJECTS EXAMINED: Anatomy, physiology, symptomatology, pathology, physical diagnosis, neurology, chemistry, hygiene and sanitation and adjusting, bacteriology, x-ray and spinography.

ED. REQUIREMENTS: High school grad., 4 years of 9 months in approved chiropractic college. After Jan. 1, 1964. Two years General College training in college approved by So. Assoc. of Accredited Colleges and Universities, or college approved by virtue of reciprocity through said Association.

SCOPE OF PRACTICE: The term "chiropractic" as used in this Chapter means the adjustment of the articulation of the human body, including ilium, sacrum and coccyx, and in the use of electricity, x-ray photography, but the x-ray shall not be used for therapeutical purposes. Chiropractors shall have the right to adjust patients according to specific chiropractic methods and shall observe State, municipal and public health regulations, sign death and health certificates, reporting to the proper health officers the same as other practitioners. Chiropractors shall not prescribe or administer medicine to patients, perform surgery, nor practice obstetrics or osteopathy.

BOARD MEMBERS:
Deane Mink, D.C., Pres., 406 Northside Dr., Valdosta 31601
Stanley H. Merica, D.C., P.O.Box 1011, Milledgeville 31061
Eugene Sparlin, D.C. 923 Dill Ave., S.W., Atlanta 30310
Hewett M. Alden, D.C. 3704 Market St., Clarkston 30021
Gerald W. Holloway, D.C., P.O. Box 627, Quitman 31643

OFFICIAL ADDRESS: Mr. Michael R. Fowler, Jt. Sec'y., State Examining Boards,
166 Pryor St., S.W. Atlanta 30303

HAWAII

NAME OF BOARD: Hawaii Board of Chiropractic Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: First Tues. following second Mon. of April & October-$50.00

SUBJECTS EXAMINED: Anatomy & histology, physiology, bacteriology, hygiene & sanitation, pathology, chiropractic orthopedy, diagnosis or analysis, chiropractic analysis and principles and practice, technique.

EDUCATIONAL REQ.: 4 yrs. of 9 mos. chiropractic college; 2 yrs. liberal arts and/or science.

SCOPE OF PRACTICE: Chiropractic - the science of palpating and adjusting the articulations of the human spinal column by hand only; provided that the practice of chiropractic as contemplated and set forth in this chapter shall not exclude the use of any method or means, or any agent, either tangible or intangible, for the treatment of disease in the human subject; subject to the restrictions contained in this chapter; and provided further, that the practice of chiropractic as contemplated and set forth in this chapter shall not include the practice of lomilomi or massage.

BOARD MEMBERS:
Mavelyn Kim, Pres., 35 N. Kukui St., Apt.404, Honolulu 96817
Francisco V.Mariano, V.Pres.,1615 Hoolana St.,Pearl City 96782
Roy H.Tanaka, D.C.,Sec'y., 1221 Kapiolani Bl.,Rm.1046-B,Honolulu
John T. Rathjen, D.C.,Rathjen Clinic,1314 S.King,Ste.515,
Honolulu 96814

MAIL INQUIRIES TO: Dept. of Commerce & Consumer Affairs, P.O. Box 3469, Honolulu 96801

IDAHO

NAME OF BOARD: Idaho State Board of Chiropractic Physicians
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Second Tuesday in January & July - $100.00

SUBJECTS EXAMINED: Anatomy & histology, bacteriology, chemistry, diagnosis, dietetics, hygiene & sanitation, chiropractic jurisprudence, lab analysis, nutritional supplements, orthopedics, pathology, physio-electro-hydro-therapy, physiology, chiropractic principles & technique, symptomatology, x-ray technique and diagnosis.

ED. REQUIREMENTS: High school diploma, two years credits from a college or university, (only C.C.E. schools accredited or recognized by accreditation), and accredited attendance at a recognized chiropractic college or university in good standing which required 2 years pre-professional college as entrance qualification.

SCOPE OF PRACTICE: Recognizing that the practice of chiropractic is a privilege granted by the state of Idaho and is not a natural richt of individuals, the purpose of this chapter is to insure the public health, safetv and welfare in the state of Idaho by the licensure and regulation of chiropractic physicians and the exclusion of unlicensed persons from the practice of chiropractic.

Chiropractic practice and procedures which may be employed by physicians are as follows: The system of specific adjustment or manipulation of the articulations and tissues of the body, the investigation, examination and clinical diagnosis of conditions of the human body and the treatment of the human body by the application of manipulative, manual, mechanical, physiotherapeutic or clinical nutritional methods and may include the use of diagnostic X-rays. Nothing herein contained shall allow any physician to: Perform surgical operations or practice obstetrics; Direct or suggest to the patient that such patient shall use a substance which, under federal law is required, prior to being dispensed or delivered, to be labeled with either of the following statements: "Caution: Federal Law Prohibits Dispensing without Prescription;" or "Caution: Federal Law Restricts this Drug to Use By or On the Order of a Licensed Veterinarian;" or a product which is required by any applicable federal or state law regulation to be dispensed on prescription only or is restricted to use by practitioners only.

BOARD MEMBERS:
Eugene A. Sobolik, D.C., Chmn., 1805 Overland Rd., Boise 83705
Dorothy Hodgson, Sec'y., Rt. 1, Box 102C, St. Maries 83861
Harold E. Soulsby, D.C., 1108 Overland #3, Burley 83318
Larry H. Emery, D.C., 10690 N. Oxford Dr., Hayden Lake 83835
John D. Kieffer, D.C., 1175 S. 3rd St., Mountain Home 83647

ILLINOIS

NAME OF BOARD: Illinois Medical Examining Committee

TYPE OF BOARD: Composite

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: Full written examination - June & Dec. - $75.00 by exam.
Reciprocity & retakes - June & Dec. - $150.00 fee by Reciprocity - $50.00 Retake.

SUBJECTS EXAMINED: Anatomy, physiology, chemistry, pathology, bacteriology, hygiene, diagnosis, gynecology, geriatrics, chiropractic, jurisprudence, practical.

ED. REQUIREMENTS: High school graduate; 132-week course in approved professional school. For an applicant who is a matriculant in a chiropractic college after Sept. 1, 1969, that such applicant shall be required as a prerequisite for admission to exam for licensure, to complete a 2-year course of instruction in a liberal arts college, or its equivalent. For an applicant who is a graduate of a U.S. chiropractic college after Aug. 19, 1981, the college of the applicant must be fully accredited by the Commission on Accreditation of the Council on Chiropractic Education. Reciprocity - recognize all B.Sc. Boards.

SCOPE OF PRACTICE: Illinois does not define chiropractic by statute. Provision is made in the Illinois Medical Practice Act for Licensing "The Practice of any System or Method of Treating Human Ailments without the use of drugs or medicines and without operative surgery."

BOARD MEMBERS:
David S. Fox, M.D., Chmn., 5830 Stony Island Ave., Chicago 60637
Paul Tullio, D.C., Sec'y., 6012 W. Fullerton, Chicago 60639
Robert A. Behmer, M.D., 2500 N. Rockton, Rockford 61103
Larry S. Patton, D.O., 107 E. Jefferson St., Jefferson St. Clinic, S.C. Morton 61550
Kenneth E. Eggen, M.D., 1951 W. Irving Park Rd., Chicago 60613
Robert P. Johnson, M.D., SIU School of Medicine, P.O. Box 3926, Springfield, IL 62708
Lawrence L. Hirsch, Chicago Medical School, Chicago, IL 60064

INDIANA

NAME OF BOARD: Indiana Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Contact Board
FLEX EXAMINATION: Flex Examination - Board accepts National Chiropractic Board with Chiropractic therapeutics to be given by the Chiropractic Board Member and excluding Materia Medica.
ED. REQUIREMENTS: Graduate of Chiropractic College meeting requirements of Medical Licensing Board of Indiana; graduate requirements shall be at least four years & 4,000 hours of resident attendance instruction. Completed at least 2 years (60 semester hours) in college accredited to grant Bachelor of Arts of Science degree prior to training & education in chiropractic college.
SCOPE OF PRACTICE: Chiropractic means the diagnosis and analysis of any interference with normal nerve transmission & expression, the procedure preparatory to and complementary to the correction thereof by an adjustment of the articulations of the vertebral column, its immediate articulation and includes other incidental means of adjustment of the spinal column and the practice of drugless therapeutics: However, chiropractic does not include the following: Prescription or administration of legend drugs or other controlled substances, performing incisive surgery, penetration of the skin with a needle or other instrument for any purpose except for the purpose of blood analysis, ionizing radiation therapy, conducting invasive diagnostic tests or analysis of body fluids except for urinalysis, and the taking of x-rays other than the vertebral column and extremities.

BOARD MEMBERS:
Ronald Kolanko, D.C., Chmn., P.O.Box 2557, 425 W.Alto Rd.,Kokomo 46902
Herbert P.Schneider,D.C.,V-Chmn., 22022 County Road 30, Goshen 46526
Walter J.Beneville,D.C., 402 Kewanna Dr.,Jeffersonville 47130
Robert Simonson, D.C.,2818 N.High School Rd,Indianapolis 46224
Mary Ellen Mueller, 4912 Conlin, Evansville 47715
Jay M.Smith, Exec.Dir., Health Professions Service Bureau, 700 N. High School Rd., Indianapolis 46224

IOWA

NAME OF BOARD: Iowa Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Time & place to be announced - February & August. Examination - $100.00 Renewal - $50.00
SUBJECTS EXAMINED: Practical clinical subjects with written and oral demonstrations in the area of diagnosis and treatment.
ED. REQUIREMENTS: Graduate from approved school (C.C.E. minimum); National Board Diplomatic taken after July 1, 1976, including all electives.
SCOPE OF PRACTICE: Treatment of human ailments by the adjustment of the musculoskeletal structures, or by other procedures incidental to musculoskeletal adjustments (use of heat, cold, exercise and supports). The utilization of procedures and devices in which the doctor of chiropractic has received training by a college of chiropractic, approved by the Board of Examiners or for which he/she has completed the necessary training and possesses that degree of proficiency which is common to physicians in the State of Iowa; such procedures and devices would be for the purpose of determining the nature and manner of chiropractic treatment to be employed or whether a chiropractic procedure should be performed.

BOARD MEMBERS:
Ronald O. Masters, II, D.C., Pres., 110 N. Washington, Mason City 50401
Lloyd Cutler, D.C., V.P., 104 N. 1st, Marshalltown 50158
Donald J. Meylor, D.C., 200 Highway 75 N, Lemars 51031
H. Ronald Frogley, D.C., 1605 W. Kimberley, Davenport 52806
Milton F. Schlein, D.C., 337 N. Lawler, Potsville 52162
Sister Xavier Coens, B.V.M., Clarke College, Dubuque 52001
Ms. Martha Leibhart, Rt. 3, Country Club Rd., Albia 52531

OFFICIAL ADDRESS:
Harriett L. Miller, Exec.-Sec'y., Iowa Board of Chiro. Examiners,
Health Dept. - Lucas State Office Bldg., Des Moines 50306

KANSAS

NAME OF BOARD: Kansas State Board of Healing Arts
TYPE OF BOARD: Composite
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: December & June (within 2 wks. of such mos.) --$100.00 Plus $130.00 for License. Endorsement Fee: $130.00
SUBJECTS EXAMINED: Diagnosis, x-ray interpretation, physiotherapy, chiro. Manip. Technique.
ED. REQUIREMENTS: Two yrs. toward Bachelor of Arts Degree. Graduate of C.C.E. accredited chiropractic college.
SCOPE OF PRACTICE: For the purpose of this Act, the following persons shall be deemed to be engaged in the practice of chiropractic: (1) Persons who examine, analyze and diagnose the human living body, and its diseases by the use of any physical, thermal, or manual method and use the x-ray diagnosis and analysis taught in any recognized chiropractic school; and (2) Persons who adjust any misplaced tissue of any kind, or nature, manipulate, or treat the human body by manual, mechanical, electrical or natural methods or by the use of physical means, physiotherapy (including light, heat, water or exercise), or by the use of foods, food concentrates, or food extract, or who apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person medicine, or drugs in materia medica, or from performing any surgery, as hereinabove stated or from practicing obstetrics.

BOARD MEMBERS:
Frederick J. Good, D.C., Pres., R.R. #1, Benton, 67017
Gordon Maxwell, M.D., V-Pres., 135 E. Claflin, Salina 67401
Jerry L. Jumper, D.O., Sec'y., 346 Parkview, Sabetha 66534
James W. Bruno, M.D., 1133 Kansas Plaza, Garden City 67846
Richard J. Cummings, M.D., 427 N. Hillside, Wichita 67230
F.J. Farmer, D.O., 802 W. Broadway, Stafford 67578
Helen Gilles, M.D., 346 Maine, Lawrence 66044
Dan A. Kelly, M.D., 430 Yorkshire, Topeka 66606
Joan Marshall, D.C., 1710 Corning, Parsons 67357
Don L. McKelvey, D.C., 130 W. 15th St., Ottawa 66067
Betty Jo McNett, Villa Del Mar, 550 Nims, #435, Wichita 67203
Harold J. Sauder, D.P.M., 209 N. 6th St., Independence 67301
Richard A. Uhlig, D.O., R.R. #1, Herington 67449

OFFICIAL ADDRESS: Elizabeth W. Carlson, Exec.-Sec'y., 503 Kansas Ave., Ste. 500, Topeka 66603

KENTUCKY

NAME OF BOARD: Kentucky State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: 2nd Wed. & Thurs. of January & July - $75.00
SUBJECTS EXAMINED: Bacteriology, anatomy (histology), hygiene (sanitation), pathology, physiology, chemistry (nutrition), roentgenology, clinical competency (analysis/neurological testing/orthopedic testing/techniques), chiropractic principles & practice (philosophy/ethics/symptomatology).
ED. REQUIREMENTS: Sixty transferable units of study by a college or university accredited or recognized by the Southern Association of Colleges; Accredited chiropractic college diploma; & annual 2-day post-graduate work.
SCOPE OF PRACTICE: "Chiropractor" means one qualified by experience & training & licensed by the Board to diagnose his patients & to treat those of his patients diagnosed as having diseases or disorders relating to subluxations of the articulations of the human spine & its adjacent tissues by indicated adjustment of those subluxations & by applying methods of treatments designed to augment those adjustments. Any person licensed under this chapter may sign death certificates & sign & execute all legal documents & certificates with the same authority as members of other schools or systems of treatment.
BOARD MEMBERS: Harold Byers, D.C., Pres., 105 Lyndon Ln.,Ste.102,Louisville 40222
Frank G. Hideg, D.C, V.P., 204 S. 19th, Paducah 40201
Charles Woodward, D.C., Sec'y-Treas., 209 E.Main St, Glasgow 42141
Fred J. Kippenbrock, D.C., 1317 Montgomery Av., Ashland 41101
Joseph T. Goben, D.C., 817 Gagel Ave., Louisville 40216

LOUISIANA

NAME OF BOARD: Louisiana Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Twice yearly - $50.00 Application fee. $100.00 Reciprocity fee; $75.00 License Renewal fee.
SUBJECTS EXAMINED: Anatomy, physiology, hygiene, pathology, chemistry, principles & practice of chiropractic, x-ray & bacteriology & physical diagnosis.
ED. REQUIREMENTS: High school diploma. Sixty hours of course work at a college or University of Liberal Arts or Science. Has graduated from a chiropractic school which is accredited by A.C.C. or C.C.E.
SCOPE OF PRACTICE: "Practice of chiropractic" means the holding out of one's self to the public as a chiropractor & as being engaged in the business of employing objective & subjective means to ascertain the alignment of the vertebrae of the human spine, including the use of analytical instruments of demonstrable efficacy for the purpose of analysis; and the practice of adjusting or manipulating the vertebrae & adjacent tissue for the purpose of correcting interference with nerve transmission & expression, on a person other than himself; & such exercise, external application of heat or cold & recommendations relative to personal hygiene & proper nutritional practices for the rehabilitation of the patient. The practice of chiropractic does not include the right to prescribe, dispense or administer medicine or drugs, or to engage in the practice of major or minor surgery, obstetrics, acupuncture, x-ray therapy or radium therapy.
BOARD MEMBERS: G.E. Hinton,D.C.,Pres., 2549 Carey St., Slidell 70458
P.J. Adams, D.C., Vice-Pres., 1101 E. Simcoe, Lafayette 70501
R.A.Boisvert,D.C.,Sec-Treas, 5501 Gardner Hwy, Alexandria 71301
F.E. Bates, D.C., NBCE Delegate, 1319 Donahue, Pineville 71360
H.H. Eddington, D.C., 616 Baronne St., New Orleans 70112
R.M. Paddison, M.D., 1542 Tulane Ave., New Orleans 70122
Ed Mernin, D.C., 1500 N. Causeway Bl., Metairie 70001
R.K. Tischler, M.D., 1321 MacArthur Dr, Alexandria 71301

MAINE

NAME OF BOARD: Maine Board of Chiropractic Examination & Registration
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: March & September - $40.00 (Applications accepted as much as seven months in advance of graduation).

SUBJECTS EXAMINED: Anatomy, physiology, symptomatology, hygiene, sanitation, chemistry, histology, pathology, hydrotherapy, electrotherapy, dietetics, chiropractic analysis, principles & practice of chiropractic, x-ray technique & interpretation.

ED. REQUIREMENTS: Two years liberal arts, including english and biology; 4400 hours chiropractic college.

SCOPE OF PRACTICE: The system, method or science commonly known as chiropractic, or the practice of chiropractic, is defined to be the science of palpating & adjusting the segments & articulations of the human spinal column by hand & locating & correcting interference with nerve transmission & expression by hand or by electrical treatments, hydrotherapy & diet without the use of drugs or surgery, & any & all other methods are declared not to be the practice of medicine, surgery, dentistry, or osteopathy.

BOARD MEMBERS:
G. Roy Slocum, D.C., Chairman, 30 Bath Rd., Brunswick 04011
Paul Basko, D.C., Sec'y-Treas, 51 Main St., Springvale 04083
Milton Downing, D.C., 60 Military St., Houlton 04730
Theodore Parker, D.C., 75 Middle St., Skowhegan 04976
Maralyn Schoenberger, 25 College Heights, Orono 04473
John D. Reeder, D.C., 143 College St., Lewiston 04240

MARYLAND

NAME OF BOARD: Maryland State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: March & September - $50.00

SUBJECTS EXAMINED: Anatomy, histology, physiology, pathology, chemistry, bacteriology, symptomatology, chiropractic principles, orthopedy, neurology, chiropractic techniques, physical diagnosis, x-ray, hygiene, sanitation, (Physical Therapy - separate exam - and certificate).

ED. REQUIREMENTS: Two years college credits; 4 years chiropractic - 4,400 hours. Pre-college of 2 of 3 subjects required; Biology, physics or chemistry. Maryland Board accepts only fully accredited C.C.E. schools.

SCOPE OF PRACTICE: Chiropractic is hereby defined to be a drugless health system, the basic principle of which teaches that disease is caused by interference with the transmission of nerve impulses. The practice of chiropractic is defined as diagnosis, the location of misaligned or displaced vertebrae of the human spinal column, the procedure preparatory to & the adjustment by hand of such misaligned or displaced vertebrae of the spinal column & its articulations, by any method not including the use of drugs, surgery, obstetrics, or osteopathy, nor any branch of medicine; providing that nothing herein contained shall be construed to prohibit the use by any licensed chiropractor of the selection of food materials necessary for the nourishment of the body and measures of cleanliness incident to the care of the human body.

BOARD MEMBERS:
Lewis S. Tawyney, D.C., Pres., 4207 Wilkens, Baltimore 21229
D.Brent Owens,D.C.,V.P., Rt.5 South,P.O.Bx.677,Waldorf 20601
James Brownfield, D.C., Sec'y., 8003 Flower Ave.,Takoma Park 20912

MASSACHUSETTS

NAME OF BOARD: Massachusetts Board of Registration of Chiropractors
TYPE OF BOARD: Composite
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Set by Board - $100.00; Reciprocity - $100.00
SUBJECTS EXAMINED: Anatomy, physiology, chemistry, hygiene, pathology, diagnosis, public health, principles & practice & practical examination.
ED. REQUIREMENTS: High school graduate, graduate of chiropractic school or college approved by the Board, & which is authorized to confer degree, giving a four-year course of 4,000 hours. After December 1, 1969, "proof" that an applicant has completed 2 years in a curriculum leading to a Bachelor's degree in Liberal Arts of Science.
SCOPE OF PRACTICE: "Chiropractic:" The science of locating and removing interference with the transmission or expression of nerve force in the human body, by the correction of misalignments or subluxations of the bony articulation and adjacent structures, more especially those of the vertebral column and pelvis, for the purpose of restoring and maintaining health. It shall exclude operative surgery, prescription or use of drugs or medicines, the practice of obstetrics, the treatment of infectious diseases, and internal examinations, whether or not diagnostic instruments are used except that the x-ray and analytical instruments may be used solely for the purposes of chiropractic examinations.

BOARD MEMBERS:
Richard E. Vincent, D.C., Chmn., 25 Hale St., Beverly 01915
Philip B. Poole, D.C., V-Chmn., 6 N. Main St., Leominster 01453
John M. Anderson, D.C., Sec'y., 471 Gallivan Bl, Dorchester 02124
Malcolm J. MacDonald, D.C., 169 Gifford St., Falmouth 02540
Robert D. Cohan, ESQ., 457 Mt. Auburn St.,Unit 9, Cambridge 02138
Thomas F. Killeen, D.C., 73A Winthrop Ave, Lawrence 01843
Solomon A. Hyatt, D.C., 89 Cross St., Lawrence 01843

OFFICIAL ADDRESS: Room 1514, Leverett Saltonstall Building, 100 Cambridge Street, Boston 02202

MICHIGAN

NAME OF BOARD: Michigan Board of Chiropractic
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Exam dates scheduled annually - $100.00
SUBJECTS EXAMINED: Anatomy, histology, pathology, diagnosis, theory and practice of chiropractic, physiology, chemistry, pathology, microbiology & public health, examination, analysis and diagnosis, x-rays, principles & practice, rehabilitative procedures, nutrition, scope of practice; or acceptance of National Boards.
ED. REQUIREMENTS: Two years Liberal Arts education, D.C. Degree from school approved by Board.
SCOPE OF PRACTICE: "Practice of Chiropractic" means that discipline within the Healing Arts which deals with the nervous system and its relationship to the spinal column and its interrelationship with other body systems. Practice of Chiropractic includes; diagnosis, including spinal analysis, to determine the existence of spinal subluxations or misalignments that produce nerve interference, indicating the necessity for chiropractic care.

The adjustment of spinal subluxations or misalignments and related bones and tissues for the establishment of neural integrity utilizing the inherent recuperative powers of the body for restoration and maintenance of health.

The use of analytical instruments, nutritional advice, rehabilitative exercise and adjustment apparatus regulated by rules promulgated by the Board pursuant to Section 16423, and the use of x-ray machines in the examination of patients for the purpose of locating spinal subluxations or misaligned vertebrae of the human spine.

BOARD MEMBERS:
Charles E. Ribley, D.C., Chrn., 28941 W. Huron River Dr., Flat Rock 48134
John A. Hofmann, D.C., V.Chmn., 5000 Allen, Allen Park 48101
Philip Petachenko, D.C., 33638 Hillcrest, Farmington Hills 48024
Gerald McKelvey, 12803 Evelyn Court, Belleville 48111
Mrs. Wanda M. Rej, 635 Barclay, Troy 48098
Janice Lambert, D.C., (Saint-John) G-3100 E. Grand Blanc Rd., Grand Blanc 48939
Tim E. Tarry, D.C., 4617 N. Grand River, Lansing 48906

OFFICIAL ADDRESS: Edward M. Liddle, Ph.D., Licensing Executive, Dept. of Licensing and Regulation, Board of Chiropractic, 905 Southland, Box #30018, Lansing 48909

MINNESOTA

NAME OF BOARD: Minnesota State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: January & June - $75.00

SUBJECTS EXAMINED: Diagnosis (physical, clinical, laboratory), dietetics (general and practical nutrition), roentgenology (interpretation technique, fundamental, pathological, analytical phases), principles of chiropractic (science & art of chiropractic, intellectual adaptation, chiropractic philosophy), jurisprudence, ethics and economics. Practical demonstration: Vertebral palpation nerve tracing & chiropractic adjusting technique, chiropractic case management, physiotherapy and practical roentgenology.

ED. REQUIREMENTS: Applicant must have at least one-half of all credits leading to a baccalaureate degree from the University of Minn. or college of equal standing and four yrs. in a chiropractic college accredited by C.C.E.

SCOPE OF PRACTICE: "Chiropractic" is hereby defined as being the science of adjusting any abnormal articulations of the human body, especially those of the spinal column, for the purpose of giving freedom of action to impinged nerves that may cause pain or deranged function. The practice of chiropractic is hereby declared not to be the practice of medicine, surgery, or osteopathy.

BOARD MEMBERS:
Richard F. Bol, D.C., Pres., 1497 White Bear Ave., St. Paul 55106
Dennis E. Arne, D.C., Vce.Pres., 225 S. Ferndale Rd., Wayzata 55391
Cleve Gruler, D.C., Sec'y.-Treas., 3760 Service Dr., Winona 55987
William F. Hynan, D.C., 475 W. University Ave., St. Paul 55103
Gerald Fesenmaier, First St. Bank, Brookdale, 5620 Brooklyn Blvd., Brooklyn Center 55429
Roger Larum, D.C., Moorhead Center Mall, Box 518, Moorhead 56560
Patricia Papenfuss, 275 Pleasant Hill Dr., Winona 55987
Robert Holley, Att'y., 136 University Park Plaza, Minneapolis 55414-(Not Bd. Mbr.)

OFFICIAL ADDRESS: Elizabeth Brochman, D.C., Exec-Sec'y., Minnesota Board of Chiropractic Examiners, 717 Delaware, S.E., Room 336, Minneapolis 55414

MISSISSIPPI

NAME OF BOARD: Mississippi Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: 2nd wk. in Jan. & July - $50.00 Res., $75.00 non-res. A fee of $25.00 is charged to each person who is issued a license.
SUBJECTS EXAMINED: Theory and practice of chiropractic, nerve tracing, spinal analysis, x-ray practice & interpretation, anatomy, physiology, pathology.
SCOPE OF PRACTICE: The practice of chiropractic involves the analysis of any interference with normal nerve transmission and expression, and the procedure preparatory to and complimentary to the correction thereof, by an adjustment of the articulations of the vertebral column and its immediate articulations for the restoration and maintenance of health without the use of drugs and surgery.
Nothing in this chapter shall be construed as conferring upon the holder of such certificate the right to practice medicine and surgery as a physician or osteopathic physician as defined by statute, to engage in the practice of physical therapy as defined by statute, to advise or prescribe the use of drugs by his patients, or to advise a patient not to use a drug prescribed by a licensed physician or dentist.

BOARD MEMBERS:
Thomas Walker, D.C., Chmn., 320 N. Church,P.O.Box 270,Louisville 39339
Shannon L. Speer, D.C., V.Chmn., P.O. Box #5864, Jackson 39120
T.O. Morgan, D.C., Highway 45 South, Verona 38879
D.J. Herrington, D.C., P.O. Box #161, Lucedale 39452
Willie E. Maxwell, D.C., Rte. 5, Box #200, Natchez 39120
Alton B. Cobb, M.D., State Health Dept., Jackson 39216
Charles H. Brown, D.C., 4535 Office Park Dr., Jackson 39206

OFFICIAL ADDRESS: Winifred Edwards, D.C., Exec. Sec'y., Mississippi Board of Chiropractic Examiners, 91 Lakeview Dr., Clinton 39056

MISSOURI

NAME OF BOARD: Missouri State Board of Chiropractic Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: Full Exam: May or June and Nov. or Dec.; Practical Exam Only: Usually Feb. & Sept. - $100.00

SUBJECTS EXAMINED: General anatomy, spinal anatomy, hygiene & sanitation, microbiology, physiology, pathology, principles of chiropractic, general diagnosis & practical examination, which includes: deductive reasoning, diagnosis, adjusting, x-ray and Missouri law.

ED. REQUIREMENTS: 60 credit hours leading to a Baccalaureate Degree in the Sciences from a pre-professional college. 4 scholastic years of 9 months each, not less than 4,000 hours in a chiropractic college having status with the Commission on Accredition of the Council on Chiropractic Education (C.C.E.) or the equivalent education criterion thereof as determined by the Board. Senior students within 6 months of graduation may sit for examination.

SCOPE OF PRACTICE: The "practice of chiropractic" is defined as the science and art of examination, diagnosis, adjustment, manipulation and treatment of malpositions, articulations and structures of the body. The adjustment, manipulations, or treatment shall be directed toward restoring and maintaining the normal neuro-muscular and musculoskeletal function and health. It shall not include the use of operative surgery, obstetrics, osteopathy, podiatry, nor the administration or prescribing of any drug or medicine nor the practice of medicine. The practice of chiropractic is declared not to be the practice of medicine and operative surgery or osteopathy within the meaning of chapter 334, RSMO, and not subject to the provisions of the chapter.

A licensed chiropractor may practice chiropractic as defined above by those methods commonly taught in any chiropractic college recognized and approved by the board.

Chiropractors may advise and instruct patients in all matters pertaining to hygiene, nutrition, and sanitary measures as taught in any chiropractic college recognized and approved by the board.

BOARD MEMBERS:
Ralph A. Powell, D.C., Pres., 108 E. 6th St., Lee's Summit 64063
Roy J. Hillgartner, D.C., Sec'y., 124 Manchester Rd,Ballwin 63011
Dan C. Wallace, D.C., 1803 S. Main, Carthage 64836
Joseph W. Mueller, D.C., 118 College Dr., St. Charles 63301
H. Kenneth Gilbertson, D.C., 11901 St. Charles Rock Rd., Bridgeton 63044

OFFICIAL ADDRESS: Mrs. Kay Sale, Exec. Sec'y., State Board of Chiropractic Examiners, P.O. Box 672, Jefferson City 65102-0672

MONTANA

NAME OF BOARD: Board of Chiropractors
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: November - $125.00
SUBJECTS EXAMINED: Each applicant must first have successfully taken the National Diplomate. Clinical proficiency exams, administered by the Board, are given in the following subjects: orthopedics, physical diagnosis, x-ray interpretation, physiotherapy and technique.
ED. REQUIREMENTS: 4 years of 9 months each from school approved by Board, 4 years of high school; 2 academic years of college or university work.
SCOPE OF PRACTICE: Definition of Chiropractic. (1) Chiropractic is the system of specific adjustment or manipulation of the articulations and tissues of the body, particularly of the spinal column, for the correction of nerve interference and includes the use of recognized diagnostic and treatment methods as taught in chiropractic colleges, but does not include surgery or the prescription or use of drugs.
(2) Licensed chiropractors may diagnose, palpate, and treat the human body by the application of manipulative, manual, mechanical, and dietetic methods, including chiropractic physiotherapy, the use of supportive appliances, analytical instruments, and diagnostic x-ray in accordance with guidelines promulgated or approved by State or Federal Health Regulatory Agencies.

BOARD MEMBERS: Carroll E. Albert, D.C., 219 2nd St., N.Great Falls 59401
L.C.Weis, D.C., 1665A Grand Ave., Butte 59701
C.R. Grow, D.C., 114 Main St., Wolf Point 59201
Mr. Rudy Glatz, Box 186, Winnett 59089

OFFICIAL ADDRESS: Please send all correspondence to this address:
Mary Lou Garrett, Administrative Officer, 1424 9th Ave.,
Helena, 59620-0407

NEBRASKA

NAME OF BOARD: Nebraska Chiropractic Board of Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: July & late October - Examination - $75.00; National Board - $75.00

SUBJECTS EXAMINED: Anyone not having taken the National Board nor having held a license in another state must be examined in a two-day exam covering: Day 1 - Anatomy (including embryology), hygiene, roentgenology, orthopedics, physiology, symptomatology (including diagnosis), principles and practice of chiropractic, biochemistry, pathology, and microbiology. Day 2 will consist of a practical examination which includes an oral, written and practical (demonstrative) exam. The written practical examination will consist of the following subjects: general diagnosis (includes physical and lab diagnosis), neuromusculoskeletal diagnosis (includes clinical orthopedics and clinical neurology) and chiropractic physiotherapy. Part II of this oral and demonstrative examination consists of adjusting, palpation, x-ray interpretation and chiropractic principles.

ED. REQUIREMENTS: 4,000 hours, four yrs. of nine months, Chiropractic college; basic science certificate. (As of 1/1/74, 2 yrs. Jr. College).

SCOPE OF PRACTICE: For the purposes of this act, the following classes of persons shall be deemed to be engaged in the practice of chiropractic: (1) persons publicly professing to be chiropractors, or publicly professing to assume the duties incident to the practice of chiropractic; and (2) persons who treat human ailments by the adjustment by hand of any articulation of the spine.

BOARD MEMBERS:
Don Krogh, D.C., Chmn., 3811 Dodge St., Omaha 68131
Glenn E. Petersen, D.C., V-Chmn., 421 N. Oak, North Platte 69101
Thomas L. Workman, D.C., Sec'y., 2006 Market Lane, Norfolk 68701

BOARD OFFICE: Department of Health, Bureau of Examining Boards, P.O. Box 95007, Lincoln 68509

NEVADA

NAME OF BOARD: Nevada State Board of Chiropractic Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: Semi-Annually, Spring and Fall. Dates to be set by Board. By exam - $100.00 Oral and practical examination given on Sat & Sun. preceding the semi-annual meetings of Board.

SUBJECTS EXAMINED: Any applicant who has never been examined on the Basic Science subjects by another state, or by the National Board, must take a written examination before our Board in anatomy, physiology, chemistry, pathology, bacteriology, hygiene, diagnosis, gynecology, x-ray, principles of chiropractic, associated clinical sciences (which includes geriatrics, obstetrics and jurisprudence), and physiotherapy.

All applicants must take an oral, practical and demonstrative examination to cover the following subjects: neurology, orthopedics, physical examination, clinical laboratory procedure and interpretation. Additional subjects the candidate will be examined in are: x-ray technique, positioning and interpretation, nutrition, chiropractic technique, and Nevada Law and Board Regulations.

ED. REQUIREMENTS: Every applicant for license shall be required to submit evidence of not less than 2 years education in an accredited college or university, except that an applicant who has passed a Basic Sciences examination and has been licensed to practice in another state, and has been in practice for not less than 5 years shall not be required to comply with this provision.

High school graduate, chiropractic college, 4,000 hours and Basic Science certificate still required.

SCOPE OF PRACTICE: "Chiropractic" is defined to be the science, art and practice of palpating and adjusting the articulations of the human body by hand, the use of physiotherapy, hygienic, nutritive and sanitary measures and all methods of diagnosis.

A chiropractor shall not pierce or sever any body tissue, except to draw blood for diagnostic purposes.

BOARD MEMBERS:
Eugene Scrivner, D.C.,Pres.,301 W.Washington St.,Carson City 89701
Herbert J. Rowe,D.C.,V.Pres.,518 E.St.Louis Ave.,Las Vegas 89104
Clyde W. Porter, D.C., Sec'y.-Treas., P.O.Box J, Sparks 89431
Paul G. Smith, D.C., 3405 Cambridge St., Suite A, Las Vegas 89109
G. Hayes Turney, D.C., 3013 W. Sahara Ave., Las Vegas 89102
Mrs. Ruth Olguin, 940 Keele Drive, Reno 89109

OFFICIAL ADDRESS: Cindy Wade, Office Mgr., Nevada State Board of Chiropractic Examiners, P.O. Box 20582, Reno 89515

NEW HAMPSHIRE

NAME OF BOARD: New Hampshire State Board of Chiropractic Examiners and Regulation

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: At least once yearly - $100.00

SUBJECTS EXAMINED: Anatomy, physiology, symptomatology, neurology, pathology, histology, hygiene, bacteriology, chemistry, orthopedy, diagnosis, x-ray, principles & practice (clinical competency - physical examination, neurological diagnosis, orthopedic diagnosis, adjusting skills, laboratory diagnosis, x-ray interpretation and diagnosis, differential diagnosis, comprehension of Law and Rules and Regulations in N.H.).

ED. REQUIREMENTS: Graduate of degree-granting chiropractic college having status with the Council on Chiropractic Education (C.C.E.).

SCOPE OF PRACTICE: Any chiropractor who has received and holds a Certificate of Registration and license issued by said Board may adjust by hand any articulations of the vertebral column and its immediate articulations for the restoration and maintenance of health; including the normal regimen and rehabilitation of the patient without the use of drugs or surgery. To also include physical examination, the use of x-ray and other analytical instruments generally used in the practice of chiropractic.

BOARD MEMBERS:
Titus Plomaritis, D.C., Chmn., Bridge St., Pelham 03076
Frank R. Hulslander, D.C., Sec'y.-Treas., 58 E. Dunstable Rd., Nashua 03060
Garyl L. Walsemann, D.C., 39 Myrtle St., Claremont 03753
Lorna Fuller, D.C., Penstock Hill, Hillsboro 03244

NEW JERSEY

NAME OF BOARD: New Jersey State Board of Medical Examiners

TYPE OF BOARD: Composite

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: June & December - $150.00

SUBJECTS EXAMINED: Anatomy, physiology, chemistry, pathology, bacteriology, hygiene, non-surgical diagnosis, therapeutics of chiropractic.

ED. REQUIREMENTS: Two years pre-licensure training and four years of nine months each approved chiropractic college.

SCOPE OF PRACTICE: A system of adjusting the articulations of the spinal column by manipulation thereof. A licensed chiropractor shall have the right in the examination of patients to use the neurocalometer, x-ray, and other necessary instruments solely for the purpose of diagnosis or analysis. No licensed chiropractor shall use endoscopic or cutting instruments, or prescribe, administer, or dispense drugs or medicine for any purpose whatsoever, or perform surgical operations excepting adjustments of the articulations of the spinal column.

BOARD MEMBERS:
Edwin Albano, M.D., Pres., 911 S. Orange Ave., Short Hills 07078
Arnold Cianciulli, B.S., D.C., 940 Ave. "C", Bayonne 07002

CHIROPRACTIC MEMBER ADDRESS: Arnold Cianciulli, B.S., D.C., 940 Ave. "C", Bayonne 07002

NEW MEXICO

NAME OF BOARD: New Mexico State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Second Sat. & Sun. in April & October; Exam - $100.00 License - $25.00; Renewal License - $25.00
SUBJECTS EXAMINED: Anatomy, bacteriology, physiology, chemistry, pathology, hygiene and public health, diagnosis, orthopedy, principles and practice of chiropractic, x-ray and orals in x-ray, diagnosis and technique.
RECIPROCITY: At the present time, New Mexico does not have reciprocity with any other state. However, the Board does reciprocate the Basic Sciences. If the applicant has passed the National Board, each applicant must take a written exam in chiropractic principles and practice plus orals in x-ray, diagnosis and technique.
ED. REQUIREMENTS: 4,000 hours, 2 years pre-chiropractic in college of higher education. EFFECTIVE JAN. 1, 1978: Applicants must be a graduate from a chiropractic college recognized by C.C.E.
SCOPE OF PRACTICE: It is the purpose of the Chiropractic Act to grant to chiropractors the right to practice chiropractic as taught and practiced in standard colleges of chiropractic recognized by C.C.E., and to entitle the holder of a license the right to diagnose, palpate and treat injuries, deformities and other physical or mental conditions relating to the basic concepts of chiropractic, by use of any methods provided in the Chiropractic Practice Act, such as by application of manipulative, manual and mechanical means, including all natural agencies imbued with the Healing Act, such as food, water, heat, cold, electricity and drugless appliances, but excluding operative surgery and prescription or use of drugs or medicine, except that x-ray, analytical instruments and routine lab procedures, not involving the penetration of human tissues except for blood testing, may be used for the purpose of examination.

BOARD MEMBERS:
Roy L. Phillips, D.C., Chmn., 1210 E. Aztec, Gallup 87301
James W. Stephenson, D.C., Sec'y.-Treas., P.O.Box 1763, Alamogordo 88311
Frank A. Fahrenkrug, D.C., 1004 S. Solano, Las Cruces 88001
Keith N. Peterson, D.C., 6409 Candelaria NE, Albuquerque 87110
Mr. Alexander Podymov, 8516 Osuna Rd., NE, Albuquerque 87111

NEW YORK

NAME OF BOARD: New York State Board for Chiropractic

TYPE OF BOARD: Mixed

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: Use National Board scores (includes first biennial registration). Clinical Competence Exam January & July.

SUBJECTS EXAMINED: Anatomy, physiology, chemistry, microbiology, pathology, diagnosis, clinical chiropractic analysis, use and effects of x-ray, practice of chiropractic (National Board exams) plus state administered clinical competence exam in clinical diagnosis, diagnostic x-ray, neurological and orthopedic testing and technique.

ED. REQUIREMENTS: Graduation from an approved chiropractic school following completion of a resident course of study of not less than 4 yrs. Candidates who graduated from chiropractic school subsequent to Jan. 1st, 1966, must have satisfactorily completed 2 academic yrs. of study at the college level in a curriculum approved by the Education Department prior to entering chiropractic school.

SCOPE OF PRACTICE: The practice of the profession of chiropractic is defined as detecting & correcting by manual or mechanical means structural imbalance, distortion, or subluxations in the human body for the purpose of removing nerve interference & the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
A license to practice as a chiropractor shall not permit the holder thereof to use radiotherapy, fluoroscopy, or any form of ionizing radiation, except x-ray, which may be used only as follows:
(1) X-ray shall only be used for the purposes of chiropractic analysis; (2) Such use of x-ray shall be confined to persons over the age of 18; and (3) The area of such x-ray exposure shall not extend below the level of the top of the first lumbar vertebrae.
Chiropractic Analysis means: the use of diagnosis, to evaluate pathological processes, & the correlation of the findings with an examination of the mechanics of the human body, particularly of the vertebral column, for the determination of etiology, prognosis, & plan of treatment. A license to practice chiropractic shall not permit the holder thereof to treat for any infectious diseases such as pneumonia, any communicable diseases listed in the sanitary code of the State of New York, any of the cardio-vascular-renal or cardio-pulmonary diseases, any surgical condition of the abdomen such as acute appendicitis or diabetes, or any benign or malignant neoplasms; to operate; to reduce fractures or dislocations; to prescribe, administer, dispense or use in his practice drugs or medicines or to use diagnostic or therapeutic methods involving chemical or biological means; or to utilize therapeutic devices except electrical devices approved by the Board as being essential to the practice of chiropractic.

BOARD MEMBERS:
Charles J. Keller, D.C., 928 McLean Ave., Yonkers 10704
William A. Kutner, D.C., 510 Central Ave., Dunkirk 14048
Martin Diamond, D.O., 100 W. Oak St., Amityville 11701
Howard Genano, D.C., 2125 Dewey Ave., Rochester 14615
Arnold Goldschmidt, D.C., 60 East 42nd St., New York 10165
Kenneth Padgett, D.C., Box #66, Waterloo 13165
Ralph Pascale,Ph.D.,Off.of Admis.,SUC/Brockport, Brockport 14420
Valerio Pasqun, D.C., 801 E. Gun Hill Rd., Bronx 10467
Betty Hopkins, Ph.D., Monroe Comm.College,1000E.Henrietta Rd., Rochester 14623
Michael Bartone, D.C., 40 Bedford Rd., Katonah 10536
Helene Prylucki, D.C., 388 Westchester Av., Port Chester 10573
Edward A. Epstein, D.C.,P.O.Bx.,568,403 Broadway,Monticello 12701
Harold K. Wolfson, Berner & Lewis Co.,400 Madison Av,N.Y. 10017
John Recht,MD.,210 E.86th St, New York 10028

OFFICIAL ADDRESS: Philip R. Johnston,Exec-Sec'y,State Board for Chiropractic, State Education Dept, Cultural Education Center, Albany 12230

NORTH CAROLINA

NAME OF BOARD: North Carolina State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: First weekend after first Tuesday in June & November - $100.00

SUBJECTS EXAMINED: National Board examinations will be used for those candidates without Diplomate Status. Diplomate Status will be accepted for those candidates who have already passed the National Board. All candidates will be given a practical examination consisting of practical application, written examination in x-ray, physical therapy and diagnosis, and oral examination in x-ray pathology.

ED. REQUIREMENTS: High school; 2 years college; 4 yrs. of 9 months each in approved Chiropractic college.

SCOPE OF PRACTICE: Definitions: Chiropractic is herein defined to the science of adjusting the cause of disease by realigning the spine, releasing pressure on nerves radiating from the spine to all parts of the body, and allowing the nerves to carry their full quota of health current (nerve energy) from the brain to all parts of the body.
Extent and Limitation of License: Any person obtaining a license from the Board of Chiropractic Examiners shall have the right to practice the science known as Chiropractic, in accordance with the method, thought and practice of chiropractors, as taught in recognized chiropractic schools and colleges, but shall not prescribe for or administer to any person any medicine or drugs, nor practice osteopathy or surgery. Licensed chiropractors may practice in public hospitals. A licensed chiropractor in this state may have access to and practice chiropractic in any hospital or sanitarium in this state that receives aid or support from the public, and shall have access to diagnostic x-ray records and laboratory records relating to the chiropractor's patient. Free choice by patient guaranteed. No agency of the State, county, or municipality, nor any commission or clinic, nor any Board administering relief, social security, health insurance or health service under the laws of the State of North Carolina shall deny to the recipients or beneficiaries of their aid or services the freedom to choose a duly licensed chiropractor as a provider of care or services which are within the scope of practice of the profession of Chiropractic as defined in this chapter.
Doctor of Chiropractic as Expert: A Doctor of Chiropractic, for all legal purposes, shall be considered an expert in his field and when properly qualified, may testify in a court of law as to etiology, diagnosis, prognosis, and disability, including anatomical, neurological, physiological, and pathological considerations within the scope of Chiropractic.

BOARD MEMBERS:
G.K. Miller, D.C., Pres., 405 Boone Rd., Eden 27288
Wesley L. Barta, D.C., V.P., 1103 W.Friendly Ave.,Greensboro 27410
Dennis L. Hall, D.C., Sec.-Treas., P.O. Box 312, Concord 28025
James B. Morris, D.C., 219 N. Gregson St., Durham 27701
Earl Barbour, D.C., 1726 Westchester Dr., High Point 27260
Fletcher G. Keith, D.C., 4016 Triangle Dr., Charlotte28208

OFFICIAL ADDRESS: 720 W. Hargett St., Raleigh 27603

NORTH DAKOTA

NAME OF BOARD: North Dakota Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: First Tuesday in January and first Tuesday in July - $50.00
SUBJECTS EXAMINED: Orthopedia, nutrition, x-ray, OB-GYN, jurisprudence and practical. Must also have the National Boards.
ED. REQUIREMENTS: Four years of High School, two years of accredited college or university course study, not less than four years of eight months each for 4,000 hours from an accredited school or college of Chiropractic.
SCOPE OF PRACTICE: The practice of Chiropractic shall mean the practice of physiotherapy, electrotherapy, and hydrotherapy as taught by chiropractic schools and colleges, and the adjustment of any displaced tissue of any kind or nature, but shall not include prescribing for or administering to any person any medicine or drug to be taken internally which is now or hereafter included in materia medica, nor performing any surgery, except as is provided in this section, nor practicing obstetrics.

BOARD MEMBERS:
W.V.Schubert,D.C., Pres., Box 38, Wishek 58495
E.D.Haunson,D.C., V.Pres., 1019 W. Villard, Dickinson 58601
V.A. Pankratz, D.C., Sec-Treas., 1415 2nd Ave.SW Minot 58701
T.L.Christianson, D.C., 438 E. Main, Mayville 58257
T.C. Askland, D.C., 2800 S. University Dr., Fargo 58102

OHIO

NAME OF BOARD: State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: February & August - Written examinations - $200.00
February & August - Endorsement examinations - $200.00

SUBJECTS EXAMINED: Anatomy, physiology, chemistry, bacteriology, hygiene, pathology, diagnosis, x-ray, principles and practice of chiropractic, rehabilitative procedures and an oral and practical interview.

ED. REQUIREMENTS: FOR WRITTEN EXAMINATION: High school graduate. Graduation from a chiropractic college approved by the Board. (Minimum 4,000 hours) Students initially enrolling in chiropractic colleges after January 1, 1976 must have at least 60 semester hours or 90 quarter hours in the Arts and Sciences in a college which meets the accreditation requirements of the Board, prior to enrollment in chiropractic college.

FOR ENDORSEMENT OF THE NATIONAL BOARD EXAMINATION: High school graduate. A minimum of 60 semester hours or 90 quarter hours, prior to chiropractic college, in the Arts and Sciences in a college which meets the accreditation requirements of the Board. Graduation from a chiropractic college approved by the Board. (Minimum 4,000 hours). Satisfactorily completed Parts I and II of the National Board examinations, including physiotherapy.

SCOPE OF PRACTICE: The chiropractor is to be considered a primary care physician or primary health care provider. The practice of chiropractic is the utilization of the relationship between the musculoskeletal structures of the body, the spinal column and the nervous system, in the restoration and maintenance of health, in connection with which patient care is conducted with due regard for first aid, hygienic, nutritional, and rehabilitative procedures and the specific vertebral adjustment and manipulation of the articulations and adjacent tissues of the body. The chiropractor is entitled to use the title "doctor" or "doctor of chiropractic" and is a "physician" for the purposes of the State Welfare and Bureau of Worker's Compensation Programs. The use of x-ray for diagnostic purposes is permitted. The use of acceptable clinical and laboratory diagnostic procedures is permitted. The use of first aid, hygienic, nutritional and rehabilitative procedures is permitted. The spinal adjustment and manipulation of the articulations and adjacent tissues of the body, including the extremeties, is permitted. The practice of chiropractic does not permit the prescribing or administering of drugs for treatment. The chiropractor is authorized to examine, diagnose & assume responsibility for the care of patients.

BOARD MEMBERS:
W.W.Belknap, II, D.C., Pres., 238 N. Broadway,New Philadelphia 44663
Ralph H. Beery, JR., D.C., Sec'y., 307 W. Vine St., Mt. Vernon 43050
Donald K. Moon, D.C., 226 Broad St., Fairborn 45324
Robert W. Stevenson, D.C., 136 Winckles St., Elyria 44035
Robert D.Laird, Rte.#1,Box 39, Hide-a-way Hills 43107

OFFICIAL ADDRESS: Please send all correspondence to the Official Address:
Ohio State Board of Chiropractic Examiners, Ralph H. Beery, Jr., D.C., Executive Secretary, 200 E. Town St., Columbus 43215

OKLAHOMA

NAME OF BOARD: Oklahoma Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Second Sat. of January & July of each year at Capital, & special meetings as expedient or necessary - $125.00
SUBJECTS EXAMINED: Anatomy, physiology, pathology, symptomatology, diagnosis, adjusting, chiropractic principles, bacteriology, chemistry, dietetics, gynecology, histology, hygiene & sanitation, jurisprudence, orthopedic, roentgenology & physiotherapy, laboratory diagnosis, public health service.
ED. REQUIREMENTS: 4,150 hours of 45 minutes. Those enrolling in chiropractic schools after 1/1/60, must have 2 years of college.
SCOPE OF PRACTICE: Chiropractic is hereby defined to be the science that teaches health in anatomic relation and disease or abnormality in anatomic disrelation, and includes hygienic and sanitary measures incident thereto. May use hygienic and sanitary measures incident to the practice of chiropractic. May use vitamins, minerals and nutritional supplements administered orally. May withdraw blood hypodermically from arm or other part of human body for Wassermann and similar tests.

BOARD MEMBERS: Kent Carder, D.C., Pres., 1008 Rock Island Ave., El Reno 73036
R.E. Paterson, D.C., Sec'y., 2401 S.W. 45th, Oklahoma City 73119
W.E. Mead, D.C., 3223 E. 31st St., Suite 100, Tulsa 74105

OREGON

NAME OF BOARD: Oregon State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: January & July - $15.00 ($35.00 Initial License)

SUBJECTS EXAMINED: Basic science subjects of anatomy, physiology, chemistry, pathology and public health and hygiene; also the clinical subjects of physical diagnosis, differential diagnosis, laboratory diagnosis, theory practice of chiropractic nutrition and dietetics, physiotherapy, electotherapy, hydrotherapy, chiropractic orthopedics, written and practical roentgenology, eye-ear-nose-throat, proctology, obstetrics & gynecology, minor surgery, jurisprudence, psychology, Office procedure.

ED. REQUIREMENTS: Two years Arts & Sciences before 4 years chiropractic college.

SCOPE OF PRACTICE: "Board" means the State Board of Chiropractic Examiners. "Chiropractic" is defined as: (a) That system of adjusting with the hands the articulations of the bony framework of the human body, and the employment and practice of physiotherapy, electrotherapy, hydrotherapy & minor surgery. (b) The Chiropractic diagnosis, treatment and prevention of body dysfunctions; correction, maintenance of the structural and functional integrity of the neuro-musculo-skeletal system & the effects thereof or interferences therewith by the utilization of all recognized and accepted chiropractic diagnostic procedures and the employment of all rational therapeutic measures as taught in approved chiropractic colleges.

"Drugs" means all medicines & preparations and all substances, except food, water & nutritional supplements taken orally, used or intended to be used for the diagnosis, cure, treatment, mitigation or prevention of diseases or abnormalities of man, which are recognized in the latest additions of the official United States Pharmacopoeia, official homeopathic pharmacopoeia, official National Formulary, or any supplement to any of them, or otherwise established as drugs. No person practicing under this Chapter shall administer or write prescriptions for, or dispense drugs, practice optometry or naturopathy or do major surgery.

"Minor Surgery" means the use of electrical or other methods for the surgical repair and care incident thereto of superficial lacerations & abrasions, benign superficial lesions, and the removal of foreign bodies located in the superficial structures; and the use of antiseptics & local anasthetics in connection herewith.

BOARD MEMBERS:
Darald E. Bolin, D.C., 1803 Lansing Ave. N.E., Salem 97303
Kenji J. Yaguchi, D.C., 1602 S.W. 4th, Ontario 97914
Susan E.Strom-Ray, D.C., 205 S. Cape St., Newport 97365
Steven L. Herbert, D.C., P.O.Box 1178, Florence 97439
Carlotta H.Sorensen, Esq., 1785 Longview Way, N.W., Salem 97304

OFFICIAL ADDRESS: Board of Chiropractic Examiners, P.O.Box 20455, Portland 97220

PENNSYLVANIA

NAME OF BOARD: Pennsylvania State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: May & Nov. - second week on Wednesday, Thurs. & Fri. Written State Board Exam - (for applicants who have taken and passed both parts of the National Board) - $40.00. Practical and Oral Exam - $50.00.
SUBJECTS EXAMINED: Anatomy, physiology, hygiene & sanitation, chiropractic principles and practice, diagnosis, x-ray, pathology, chemistry, bacteriology, demonstration of technique.
SCOPE OF PRACTICE: Chiropractic shall mean a limited science of the Healing Arts dealing with the relationship between the articulations of the vertebral column, as well as other articulations, & the nervous system & the roll of these relationships in the restoration & maintenance of health. It shall include chiropractic diagnosis; a system of locating misaligned or displaced vertebrae of the human spine & other articulations; the examination preparatory to & the adjustment of such misaligned or displaced vertebrae, & other articulations; the furnishing of necessary patient care for the restoration & maintenance of health and in the use of scientific instruments of analysis, as taught in the approved schools and colleges of chiropractic, without the use of either drugs or surgery.
The term "chiropractic" shall not include the practice of obstetrics or reduction of fractures or major dislocations.

BOARD MEMBERS:
Louis P.Latimer,D.C., Chmn.,91 N.Main St., Carbondale 18407
James Harold Haug, D.C.,V.-Chmn.,512 N. Montour St., Montoursville 17754
John C. Pammer, D.C., 6th & Arch Streets, N.Catasauqua 18032
Jack L. Guilliams, D.C., 102 E.Main St., Fredericksburg 17026
Conrad F.Matz, Jr., D.C.,3940 Monroeville Bl., Monroeville 15146
Basil Scott, P.O. Box 64, Sharon 16146

OFFICIAL ADDRESS: Department of State, Bureau of Professional & Occupational Affairs, P.O.Box #2649, Harrisburg 17105; Ms. Kathy McLinn, Corres, Sec'y.

PUERTO RICO

NAME OF BOARD: Puerto Rico Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Sec., Box 3271 San Juan. Set by Board - $35,00
SUBJECTS EXAMINED: Anatomy, physiology, chemistry, bacteriology, pathology, hygiene, chiropractic analysis.
ED. REQUIREMENTS: Two years pre-professional college, 4 years chiropractic college, 4,000 hours.

BOARD MEMBERS:
Jose Villamil, D.C., Pres., 13 Degetau St., Bayamon 00619
Augustin Rodriguez, D.C., C-7 Mejico Ave., Parkville, Guaynabo 00657
Joseph A. Hernandez, D.C., McArthur St., #10, Old San Juan 00901

RHODE ISLAND

NAME OF BOARD: Rhode Island State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Date varies - $50.00
SUBJECTS EXAMINED: Anatomy, chemistry, pathology, first aid, theory & practice, x-ray, gynecology, hygiene & sanitation, practice of chiropractic, technique of chiropractic, dietetics, histology & embryology, spinal analysis, clinical diagnosis, physical diagnosis, & lab diagnosis.
ED. REQUIREMENTS: High school graduate; two years pre-professional college; graduate of accredited chiropractic college.
SCOPE OF PRACTICE: For the purpose of this chapter, the practice of chiropractic is defined to be the science and art of mechanical & material healing as follows: The employment of a system of palpating & adjusting the articulations of the human spinal column & its appendages, by hand and electro-mechanical appliances, & the employment of corrective orthopedics & dietetics for the elimination of the cause of disease. Every person desiring to practice physiotherapy in addition to chiropractic (a) shall have completed a course of four (4) yrs., of eight (8) months each, in some school of chiropractic approved by the division, or (b) shall have completed a course of three (3) years, of nine (9) months each, at some school of chiropractic approved by the division and an additional year, of at least six (6) months, in physiotherapy and all branches thereof, at such a school.

BOARD MEMBERS: G.J.Grinsell, D.C., Chmn., 600 Central, Pawtucket 02860
William E.Lancellotti, D.C., 371 Broadway, Providence 02909
Richard Bertini, M.D., 60 Norton, Pawtucket 02860

OFFICIAL ADDRESS: Robert W. McClanaghan, Division of Profession Regulation, 104 Cannon Bldg., Davis Street, Providence 02908

SOUTH CAROLINA

NAME OF BOARD: So. Carolina Board of Chiropractic Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: Jan. 10-11, 1981, May 9-10, 1981; Oct. 10-11, 1981
$25.00 Application Fee and $75.00 Exam & Licensing Fee.

SUBJECTS EXAMINED: Anatomy, chemistry, physiology, pathology, bacteriology, hygiene, public health, toxicology, diagnosis, jurisprudence and ethics, technique, x-ray and chiropractic philosophy.

ED. REQUIREMENTS: Two years pre-professional college and must have graduated from CCE accredited college, or college having candidate status with CCE or equivalent accrediting agency.

SCOPE OF PRACTICE: Chiropractic is that science and art which utilizes the inherent recuperative powers of the body and deals with the relationship between the nervous system and the spinal column, including its immediate articulations and the role of this relationship in the restoration and maintenance of health.

Doctors of Chiropractic shall limit their practice to the care and performance of therapeutic treatment of patients, the performance of such procedures as are normally followed in giving chiropractic physical examinations, x-ray, and such other procedures as are generally used in practice.

Also, the use of diagnostic and therapeutic procedures, the adjustment and manipulation of articulations and the adjustment and manipulation of articulations and treatment of inter-segmental disorders for alleviation of related neurological aberrations.

Care shall be conducted with due regard for environmental hygiene, sanitation, rehabilitation and physiological therapeutic procedures designed to assist in the restoration and maintenance of neurological integrity of the nervous system.

BOARD MEMBERS:

Richard C. Mooneyham, D.C., Chmn., 1655 Broad River Rd.,Columbia 29210
Leon Sigler, D.C.,V.Chmn., P.O.Box 711, Kingstree 29556
Edward L. Sessions, D.C., 3835 Rivers Avenue, Charleston 29405
William T. Chandler, D.C., 322 Shirley Ave., Honea Path 29654
Ralph D. Polson, D.C., 8 Middleton Pl., Greer 29651
Henry W. Hulteen, D.C., 1007 Church St., Camden 29020
Leslie M. Wise, D.C., 1400 Fernwood Rd., Spartanburg 29302
Mr. Billy J. Weeks, 1224 W. Evans, Florence 29501

SOUTH DAKOTA

NAME OF BOARD: South Dakota State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: June & December - $100.00 (2nd Saturday).
SUBJECTS EXAMINED: Physiotherapy, laboratory, roentgen interpretation, manipulation (spinal & extra-spinal), diet, meridian therapy, office procedures, vitamins & nutritional supplements, anatomy, bacteriology, physiology, chemistry, pathology, histology, gynecology, symptomatology, hygiene & public health, diagnostic x-ray principles & practice of chiropractic, and acupuncture.
ED. REQUIREMENTS: 4 years 9 months each chiropractic college; and 2 years pre-professional college.
SCOPE OF PRACTICE: Practice of chiropractic. Chiropractic is hereby defined to be the science of locating and removing the cause of any abnormal transmission of nerve energy including diagnostic & externally applied mechanical measures incident thereto. Chiropractors shall not be entitled to practice obstetrics or treat communicable diseases.

BOARD MEMBERS:
John S. Nelson, D.C., Pres., 106 E. Grant, Spearfish 57783
John S. Chicoine, D.C., V.P., Box #326, Parker 57053
Robert Schmidt, D.C., Sec'y.-Treas., Box #37, Marion 57043
Helen Boyer, 1405 S. Glendale, Sioux Fall 57103

TENNESSEE

NAME OF BOARD: Tennessee State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: June & November - For Fees, contact Board.
SUBJECTS EXAMINED: Nutrition, physiotherapy, x-ray, neurological & orthopedics, chiropractic practical, clinical diagnosis & jurisprudence.
ED. REQUIREMENTS: Two years college required after D.C. matriculation date October 1, 1975. Prior to that date, high school diploma. Parts I & II of National Board.
RECIPROCITY: Granted only on an individual basis and only to waive the National Board requirement. All applicants are required to take the Tennessee Clinical Competency examination.
SCOPE OF PRACTICE: The practice & procedures shall include procedures of palpation examination of the spine & chiropractic clinical findings accepted by the Tennessee Board of Chiropractic Examiners as a basis for the adjustment of the spinal column & adjacent tissues for the correction of nerve interference & articular disfunction. Patient care shall be conducted with due regard for nutrition, environment, hygiene, sanitation & rehabilitation designed to assist in the restoration and maintenance of neurological integrity & homeostatic balance.

BOARD MEMBERS:
Galen Methvin, D.C., Pres., 4848 N.Broadway, Knoxville 37918
Keith Bailey, D.C., V.P., 201 Thompson Lane, Nashville 37211
Winston Pannell, D.C., Sec'y., 442 Shelby St., Kingsport 37662
James R. Cole, D.C., 3675 Summer Ave., Memphis 38122
Rondal D. Akers, Jr., D.C., 597 Church St.,N.E.,Cleveland 37311

OFFICIAL ADDRESS: All Board correspondence should be directed to: Board of Chiropractic Examiners, Tennessee Dept.of Public Health, State Office Bldg., Ben Allen Rd., Nashville 37216

TEXAS

NAME OF BOARD: Texas Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: January & July - Application Fee: $50.00 and Exam. Fee: $100.00
SUBJECTS EXAMINED: Practical & theoretical chiropractic, anatomy, physiology, symptomatology, x-ray, pathology, analysis of the human spine, hygiene and public health, chemistry and bacteriology.
ED. REQUIREMENTS: Two years academic plus four years chiropractic college.
SCOPE OF PRACTICE: Any person shall be regarded as practicing Chiropractic within the meaning of this Act who shall employ objective or subjective means without the use of drugs, surgery, x-ray therapy, or radium therapy, for the purpose of ascertaining the alignment of the vertebrae of the human spine, and the practice of adjusting the vertebrae to correct any subluxations or misalignment thereof, and charge therefore, directly or indirectly, money or other compensation; or who shall hold himself out to the public as a chiropractic or shall use either the term "Chiropractor," "Chiropractic," "Doctor of Chiropractic," or any derivative of any of the above in connection with his name.

BOARD MEMBERS:
Jay H. Perreten, D.C.,Pres.,2215 Airline Dr., Houston 77009
Richard G. Brassard,D.C., V.P., 425 N.4th St., Beaumont 77701
Bill G.Williams, D.C.,Sec'y.-Treas., 3809 W.Waco Dr., Waco 76710
Tyler A.Baker, D.C., 100 Plantation, Lake Jackson 77566
Jack Christie, D.C., 12424 Memorial, Houston 77024
Robert E.Hartong,D.C., 7071-C San Pedro, San Antonio 78216
Robert L.Matkin,D.C.,727 E.Ferguson Rd., Mount Pleasant 75455
Sterling H.Pruitt, Sr., D.C., 2214 Hemphill St., Ft.Worth 76110
Jerry E.Whitehead, D.C., 2400 S.Main, Perryton 79070

OFFICIAL ADDRESS: Edna A.Parsons, Exec.Sec'y., 1300 E.Anderson Ln., Bldg. C, Suite 245, Austin 78752

UTAH

NAME OF BOARD: Utah State Chiropractors Examining Committee
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic; National Board
EXAM. DATES - EXAM. FEE: Twice each year - second Thursday in July - $75.00 (practical); Last Thurs. in January.
SUBJECTS EXAMINED: Anatomy, chemistry and physiology, bacteriology, pathology & histology, analysis (diagnosis), gynecology, pediatrics, neurology, eye, ear, nose and throat, jurisprudence, skin venerial & hygiene, practice of chiropractic and orthopedy, clinic.
ED. REQUIREMENTS: Graduate subsequent to June 30, 1926, must be graduate of professional school, college or institution teaching the system of treating human ailments for which applicants desire to be licensed, in good standing at time of graduation, which required at least 4,000 class hours in subjects required in such school, and must be graduate of high school requiring attendance through 4 years being equal to 15 units, and have completed 2 years of liberal arts college approved by Department.
SCOPE OF PRACTICE: There does not appear to be a statutory definition of chiropractic in Utah. Examination of the Utah statutes and of certain Utah cases indicates chiropractic is not considered a separate Healing Art but rather a limited part of the practice of medicine. Chiropractors are licensed to practice "Without the use of drugs or medicines and without operative surgery."

BOARD MEMBERS: Gordon McClean, Sr., D.C., 385 N.500 West Provo 84601
Lynn Nelson, D.C., 195 N. Vernal Ave., Vernal 84078
Eugene L. Hawkins, D.C., 705 E. 900 So. SLC 84105

REQUESTS FOR INFORMATION SHOULD BE ADDRESSED TO:
Morris C.Stout, Division of Registration, Room 500, State Office Building, Salt Lake City 84114

VERMONT

NAME OF BOARD: Vermont State Board of Chiropractic Examination & Registration

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: First Wed. & Thurs. in June & November, unless otherwise announced. - $50.00

SUBJECTS EXAMINED: Anatomy, physiology, diagnosis, hygiene, orthopedics, neurology, histology, pathology, principles, adjusting, chemistry, x-ray, bacteriology, spinal analysis.

ED. REQUIREMENTS: High school, two years pre-professional college and 4,400 hours at chiropractic college.

SCOPE OF PRACTICE: A Chiropractic Physician is a physician who specializes in that branch of the healing arts which considers man as an integrated whole. The practice of chiropractic must consist of the process of diagnosis and treatment of human ailments for both cause and/or prevention of disease.

The chiropractic physician shall enjoy the same privileges as all other primary health care providers, to include but not be limited to diagnostic x-ray, laboratory procedures and research. Methods of treatment may include: articular manipulation, spinal adjustments, physical therapeutics, meridian therapy and nutritional counseling and all other means consistant with this provision as taught in the various chiropractic colleges that are accredited; or are a recognized candidate for accreditation by the official chiropractic accrediting agency approved by the United States Office of Education or its successor.

BOARD MEMBERS:
Michael F. Billig, D.C., Pres., 56 Portland St.,St. Johnsbury 05819
John S. Erbelding, D.C., V.P., Stowe 05672
Robert Book, D.C., Sec'y.-Treas., 45 Court St.,Middlebury 05753

VIRGINIA

NAME OF BOARD: The Virginia Board of Medicine

TYPE OF BOARD: Composite

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: December & June - $175.00, as of 7/1/78

SUBJECTS EXAMINED: Anatomy, physiology, biochemistry, pathology, bacteriology, chiropractic philosophy and practice, jurisprudence, and therapeutics.

ED. REQUIREMENTS: Graduate of C.C.E. approved chiropractic college; 2 years pre-professional college. Part I of the National Chiropractic Board may be used as a waiver of Part I of Flex. examinations which is given in Virginia; Chiropractic member compiles and gives Parts II and III.

SCOPE OF PRACTICE: "The Healing Arts" means the art or science or group of Arts or Sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities. "Practice of Chiropractic means the adjustment of the twenty-four movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy. It does not include the use of surgery, obstetrics, osteopathy, nor the administration nor prescribing of any drugs, medicines, serums or vaccines."

BOARD MEMBERS: James W. Walker, D.C., 1932 Arlington Blvd., Charlottesville 22903
Board composed of 10 M.D.'s., 1 Chiropractor, 1 Osteopath, 1 Podiatrist and 1 Clinical Psychologist.

WASHINGTON

NAME OF BOARD: Washington State Board of Chiropractic Examiners

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic; Basic Science

EXAM. DATES - EXAM. FEE: January & July - Complete Exam - $200.00; Partial Exam - $150.00

SUBJECTS EXAMINED: Principles and practice, neurology, spinal pathology, symptomatology, written and practical technique and x-ray.

ED. REQUIREMENTS: Graduate of approved chiropractic college of 4,000 classroom hours. Those matriculating after Jan. 1, 1975 need 2 years pre-professional college. Applicants must apply at least 45 days prior to exam date.

SCOPE OF PRACTICE: The term "Chiropractic" shall mean & include that practice of health care which deals with the detection of subluxations, which shall be defined as any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances, the chiropractic procedure preparatory to and complementary to the correction thereof, by adjustment or manipulation of the articulations of the vertebral column and its immediate articulations for the restoration and maintenance of health; it includes the normal regimen and rehabilitation of the patient, physical examination to determine the necessity for chiropractic care, the use of x-ray and other analytical instruments generally used in the practice of chiropractic care, the use of x-ray and other analytical instruments generally used in the practice of chiropractic. "Provided, that no chiropractor shall prescribe or dispense any medicine or drug nor practice obstetrics or surgery, nor use x-rays for therapeutic purposes; PROVIDED, HOWEVER, That the term "Chiropractic" as defined in this Act shall not prohibit a practitioner licensed under RCW 18.71 from performing accepted medical procedures, except such procedures shall not include the adjustment by hand of any articulation of the spine; AND, PROVIDED FURTHER, That nothing herein shall be construed to prohibit the rendering of dietary advice."

BOARD MEMBERS:
James C.Burkett,D.C., Chmn., 1617 Grove, Marysville 98270
J.R.Quigley, D.C., Sec'y., 3810 Steilacoom Blvd.,Tacoma 98499
Michael R. Davenport, D.C., 3231 Rucker Ave., Everett 98201

OFFICIAL ADDRESS: Division of Professional Licensing, Chiropractic Section, P.O.Box 9649, Olympia 98504.

WEST VIRGINIA

NAME OF BOARD: West Virginia Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Third Thursday in May & November - $25.00
SUBJECTS EXAMINED: Anatomy, histology, physiology, pathology, symptomatology, physical diagnosis, hygiene, sanitation, chemistry, bacteriology, chiropractic philosophy, chiropractic analysis, nerve tracing, palpation, and the art of adjusting.
ED. REQUIREMENTS: High school; 2 years college; 4 years chiropractic school.
SCOPE OF PRACTICE: The practices and procedures which may be employed by doctors of chiropractic are based on the academic and clinical training received in & through accredited chiropractic colleges. These shall include the use of diagnostic, analytical & therapeutic procedures specifically including the adjustment & manipulation of the articulations and adjacent tissues of the human body, particularly of the spinal column; included is the treatment of intersegmental disorders for alleviation of related neurological abberations. Patient care and management is conducted with due regard for environment & nutritional factors, as well as first aid, hygiene, sanitation, rehabilitation & physiological therapeutic procedures designed to assist in the restoration & maintenance of neurological integrity & homeostatic balance.

BOARD MEMBERS: Lowell Williams, D.C, 102 Central Ave., Moorefield 26836
Henry Bailey, D.C., 142 MacCorkle Ave., St. Albans 25177
Thomas Ross, D.C., 1229 6th Avenue, Huntington 25701

WISCONSIN

NAME OF BOARD: Wisconsin Chiropractic Examining Board
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: January & July - $50.00
SUBJECTS EXAMINED: Anatomy, physiology, pathology, symptomatology, neurology, principles and practice, hygiene & sanitation, spinograph, practical x-ray interpretation & technique. May accept National Board in lieu of our own examination plus practical in either case.
ED. REQUIREMENTS: Two years pre-chiropractic college; 36 months, 3600-60-minute class periods chiropractic college.
SCOPE OF PRACTICE: Following is from the Board Regulation. The analysis may include x-ray, analytic & diagnostic instruments. May use relaxing adjuncts such as heat lamps and hot towels preparatory to the adjustment. Dietary advice & supplementary foods in the original container may be used, but not prescribed as treatment for specific diseases. The use of instruments or machines constituting specific therapies in themselves, such as: Colonic irrigatory, diathermy, plasmatic, short wave, radionics, ultrasonic, and others are outside the scope of practice (list is illustrative, not inclusive).

BOARD MEMBERS: Loyall C. Allen, D.C., Chmn., 300 Macomber, Chippewa Falls 54729
Robert Froehlich, V-Chmn., 808 Barbara Ln., Marinette 54143
Carl Webster, D.C., Sec'y., 2019 Main St., Whitehall 54773
Meredith H. Bakke, D.C., 404 Lexington Parkway, DeForest 53532
Robert Bittner, D.C., 751 Baker St., Wisconsin Rapids 54494

WYOMING

NAME OF BOARD: Wyoming State Board of Chiropractic Examiners
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic (Reciprocity $50.00)
EXAM. DATES - EXAM. FEE: Determined by the Board (write Board for exact dates) - $125.00
SUBJECTS EXAMINED: Principles & practice of chiropractic; sanitation & hygiene, anatomy, physiology, symptomatology, diagnosis, chiropractic, orthopedy, pathology, urinalysis, public health, x-ray and radiation hazards & physiotherapy. In addition, the applicant must also give a clinical demonstration of vertebrae palpation, nerve tracing and adjusting, satisfactory to the Board.
Additional subjects may be prescribed from time to time by the Board to meet with new conditions.
ED. REQUIREMENTS: At least 2 years pre-professional and 4 years chiropractic college.
SCOPE OF PRACTICE: Chiropractic is a method of palpation, nerve tracing and adjustment of vertebrae and other tissues for the relief of morbid conditions. Chiropractic is a science that teaches health in anatomic relation & disease or abnormality in anatomic disrelation, & teaches the act of restoring anatomic relation by process of adjusting. Chiropractic practitioners shall observe and be subject to all state and municipal regulations relating to the control of contagious and infectious diseases, shall be permitted to sign death certificates, and shall, as to any and all matters pertaining to public health, report to the proper health officers the same as other practitioners.

BOARD MEMBERS. C.C. Davis, D.C., Pres., 412 E. Park, Riverton 82501
Glenn R. Harrison, D.C., V.P., 726 Main, Lander 82520
Casey Davis, D.C., Sec'y.-Treas., Box 453, Mt. View 82939

CANADIAN CHIROPRACTIC LICENSING BOARDS

Canadian Chiropractic Licensing Board

Established in 1963, the examinations set by this National Board are accepted by Provincial Chiropractic Examining Boards and the standards approved by the University of Saskatchewan.

EXAM. DATES - EXAM. FEE: April or May - $200.00
SUBJECTS EXAMINED: Anatomy (including histology and embryology), physiology, pathology, diagnosis and symptomatology, hygiene and sanitation, bacteriology, roentgenology, chemistry, neurology, chiropractic principles and philosophy, chiropractic technique.
ED. REQUIREMENTS: Graduate of an approved Chiropractic College. Application in by March 1st.

BOARD MEMBERS: J.A. Langford, D.C., Chairman, 423 Colborne St., London, Ontario

CANADIAN PROVINCIAL CHIROPRACTIC LICENSING BOARDS

ALBERTA

NAME OF BOARD: Alberta Chiropractic Appraisal Board & Alberta Chiropractic Association
TYPE OF BOARD: Government plus Association
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: 4 times yearly - $110.00 Fee plus Association dues must be met.
ED. REQUIREMENTS: Graduate of an accredited Chiropractic College and a resident of Canada.

BOARD MEMBERS: D. Wood, D.C., President
D. Peterson, D.C., Registrar
D. Gartner, D.C., Secretary

OFFICIAL ADDRESS: J.R. Carter, D.C., Examination Chairman, The Canadian Federation of Chiropractic Regulatory Boards, 222-1632 14th Avenue, N.W., Calgary, Alberta T2N 1M7

ONTARIO

NAME OF BOARD: Board of Directors of Chiropractic
TYPE OF BOARD: Chiropractic with Lay Representative
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Papers of the Canadian Chiropractic Examining Board are accepted in Ontario. In addition, provincial examinations in the following subjects are required: Principles of practice, technique and treatment.
See fees for Canadian Chiropractic Examining Board. The fee for writing the two additional subjects is $100.00, plus Registration Fee - $40.00; Annual Renewal Fee - $125.00
SUBJECTS EXAMINED: See Canadian Chiropractic Examining Board and add the following: principles of practice, technique and treatment.
ED. REQUIREMENTS: Ontario Grade XIII High schooling or comparable standing as determined by the Ontario Ministry of Education. 4 yrs. of 9 months in an accredited (C.C.E.) chiropractic college or C.M.C.C.

BOARD MEMBERS: Stephen E. West, D.C., Chmn., 66 March St., Sault St.Marie P6A 2Z2
Frederick N. Barnes, D.C., V-Chmn.
Kenneth S. Wood, D.C., Sec'y.-Treasurer
Robert M. Wingfield, D.C.
Mrs. Doreen Grant

OFFICIAL OFFICE: Board of Directors of Chiropractic, 20 Prince Arthur Ave., Ste.15D, Toronto M5R 1B1
S.W. Stolarski, D.C., Exec. Sec'y. - Mrs. M. Vechiola, Asst. Sec'y.

CANADIAN PROVINCIAL CHIROPRACTIC LICENSING BOARDS

BRITISH COLUMBIA

NAME OF BOARD: British Columbia Chiropractic Association
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: National Registration plus Chiropractic
EXAM. DATES - EXAM. FEE: Papers of the Canadian Chiropractic Examining Board are the only accepted ones in British Columbia. See fees and dates for Canadian Chiropractic Examining Board. The British Columbia Chiropractic Association conducts an oral exam three times per year. In addition, there is a registration fee of $200.00 for new graduates and $400.00 for those who have practiced previously. Appropriate annual dues for the Association must also be met. Annual dues are presently $650.00 per year and $400.00 for 1st year graduates; non-practicing dues $25.00.
SUBJECTS EXAMINED: See Canadian Chiropractic Examining Board.
ED. REQUIREMENTS: Two years in a Canadian University or equivalent; 4 years of eight months each in a recognized chiropractic college.

BOARD MEMBERS:
Donald Nixdorf, D.C.
B.C. Alderson, D.C., Registrar, 6685 Frazer St., Vancouver V5X 3T6
K.C. Beaton, D.C.
R. Gagnon, D.C.
M.G. Ritchey, D.C.
D. Kato, D.C.
Brian Blower, D.C.
David McKenzie, D.C.
Elmer Raabe, D.C.

NEW BRUNSWICK

NAME OF BOARD: New Brunswick Chiropractors' Association
TYPE OF BOARD: Chiropractic
LICENSES REQ. FOR PRACTICE: Chiropractic
EXAM. DATES - EXAM. FEE: Papers of the Canadian Chiropractic Examining Board are accepted in New Brunswick and candidates are encouraged to write these national exams in May See fees for Canadian Chiropractic Examining Board. In addition, a registration fee of $100.00 with an application fee of $20.00 is charged, plus the annual dues of the Association for the appropriate year.
SUBJECTS EXAMINED: See Canadian Chiropractic Examining Board.
ED. REQUIREMENTS: Graduate of chiropractic college approved by the Board. Must have passed senior matriculation exam or equivalent

BOARD MEMBERS:
Langis Robichaud, D.C., Pres., 372 Lutz Street, Moncton
Russell Babb, D.C., V.P., 42 Peters St., Sussex DOE 1-P-0
Wayne Redstone, D.C., Sec.-Treas.,864 Smythe St.,Fredericton
E3B 3G7
G.C. Johnston, D.C., 312 Main St., Fredericton
R.M. Clark, D.C., P.O. Box 194, Woodstock
Paul Gautreau, D.C., 234 Church Street, Moncton

NOVA SCOTIA

NAME OF BOARD: Examining Board of Nova Scotia Board of Chiropractors

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: Third week-end in July. Fees include $10.00 - application; $100.00 - registration; and annual dues of the Association.

ED. REQUIREMENTS: Graduation from a chiropractic college with accredited CCE status, if other than CMCC in Toronto. Canadian or U.S. National Board Certificates, practical and clinical examination in all cases.

BOARD MEMBERS:
Albert Short, D.C., Chairman of Board of Chiropractors
Lee Anderson, D.C., Chairman Membership Committee
G. Robert Tharp, D.C., Chairman of Examiners, 6080 Young St., Suite 309, Halifax B3K 5L2

QUEBEC

NAME OF BOARD: Quebec Order of Chiropractors

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: January & June - Exam Fee $50.00

SUBJECTS EXAMINED: National Board & Oral Exam

ED. REQUIREMENTS: Require D.E.C. level of pre-professional education in Quebec with the Health Science option and graduation from approved Chiropractic College.

BOARD MEMBERS:
Antoine Mosca, D.C., President
Louis-Philippe Morin, D.C., Vice President
Daniel Charland, D.C., Sec'y.-Treasurer
Louise Berube Hamel, Administrator
Pierrette Forget, Public member

ADMISSION COMMITTEE:
Andre Audette, D.C., Chairman
Daniel Chevrefils, D.C.
Pierre Lemieux, D.C.

OFFICIAL ADDRESS:
50 Place Cremazie, Room 921, Montreal, Quebec,
Canada H2P 2T6

SASKATCHEWAN

NAME OF BOARD: The Chiropractors' Association of Saskatchewan

TYPE OF BOARD: Chiropractic

LICENSES REQ. FOR PRACTICE: Chiropractic

EXAM. DATES - EXAM. FEE: Papers of the Canadian Chiropractic Examining Board are accepted in Saskatchewan, with the approval of University of Saskatchewan, and candidates are encouraged to write these national examinations in May. See fees for Canadian Chiropractic Examining Board. In addition, registration fee of $100.00 is charged and applicant must pay appropriate annual dues to the Association.

SUBJECTS EXAMINED: See Canadian Chiropractic Examining Board.

ED. REQUIREMENTS: Two years post-secondary in sciences. Four years of 3 months. Resident course in C.C.E., approved college.

BOARD MEMBERS:
G.Greenman, D.C., Pres., 1858 Broad St., Regina
W.A. Johnstone, D.C., V.P., 2155 Alberta St., Regina
R.A. Milne, D.C.,Registrar, 219 - 5th Ave.,North, Saskatoon

THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

OFFICERS & DIRECTORS

President - Vern R. Webster, D.C.
291 E. 4500 South
Salt Lake City, UT 84107

Vice President - Paul M. Tullio, D.C.
6012 W. Fullerton
Chicago, IL 60639

Secretary-Treasurer - Tom L. Workman, D.C.
2006 Market Lane
Norfolk, NE 68701

****

Directors

Jerome Auerbach, D.C.
2333 - 1st. Ave., Suite 205
San Diego, CA 92101

Richard E. Carnival, D.C.
141 E. 55th Street
New York, NY 10022

Frank G. Hideg, Jr., D.C.
204 S. 19th Street
Paducah, KY 42001

Gary G. LeDoux, D.C.
10323 Coggins Drive
Sun City, AZ 85351

Don L. McKelvey, D.C.
130 W. 15th Street
Ottawa, KS 66067

Jay H. Perreten, D.C.
2215 Airline Drive
Houston, TX 77009

Titus Plomaritis, D.C.
Bridge Street
Pelham, NH 03076

Donald D. Ross, D.C.
800 Gallatin Street, S.E.
Huntsville, AL 35801

National Board of Chiropractic Examiners

1963 - 1982

Administration

S.R. Waters, D.C.
Executive Vice President
1610 29th Avenue Place
Greeley, CO 80631

NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

ACCEPTANCE OF THE PROGRAM - The acceptance throughout the nation which the program has received is reflected in the following State Chiropractic Boards who recognize or utilize, in whole or part, the National Board Certification.

STATE CHIROPRACTIC BOARDS AND MIXED BOARDS THAT LICENSE DOCTORS OF CHIROPRACTIC:

Recognize the National Board:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

BASIC SCIENCE BOARDS:

In the past, Basic Science Boards were a prerequisite for certification by state boards. However, the few remaining Basic Science Boards all recognize the National Board Diplomate.

The National Board of Chiropractic Examiners was incorporated on June 19, 1963. Its purpose is to prepare and administer to applicants, therefore qualified, examinations of such high quality that legal agencies governing the practice of chiropractice within each state and other countries may accept, at their discretion, those who have successfully completed the examination of the National Board of Chiropractic Examiners without further written examination.

The Board is composed of 11 members, five of whom are elected from geographic districts. The other six members include two members appointed by the President of the Federation of Chiropractic Licensing Boards and four members elected at large.

Specialists in measurement and statistics are used by the Board to assist in examination preparation and evaluation of scores. Questions on the National Board tests come from a wide variety of sources including chiropractic college faculty (through the Analyzed Item Project) and chiropractors in the field (through the Wide Net Program).

National Board examinations are given twice a year in the spring and fall at over a dozen test sites in the United States and abroad. The exact test dates are announced well in advance.

According to the most recent survey, the Diplomate Certificate of the National Board is recognized in whole or in part by 49 states and the District of Columbia. This recognition may exempt candidates from written examination in basic and/or clinical sciences in certain states. Since state boards have the final responsibility for evaluating competency and qualifications of those who desire to enter chiropractic practice in their jurisdiction, interested parties should contact the appropriate state boards to determine current applicable regulations.

A student currently enrolled in a chiropractic college may take the National Board examinations only when certified by the dean or registrar of that college. Doctors of Chiropractic who have graduated six months or more before the next NBCE examination applied for and who have never taken the NBCE examinations must sit for the examinations as Status 1. They may establish eligibility by providing documentation required by and acceptable to the Board. Please refer to the current NBCE examination information brochure for minimum documentation requirements.

Applications for the examinations and brochures explaining rules and regulations for the tests may be obtained, free of charge, by writing to the National Board of Chiropractic Examiners, 1610 29th Avenue Place, Greeley, CO 80631. Forms may also be obtained from the office of the dean of the student's chiropractic college or from the National Board Student Representative at the student's college. Properly completed application forms must be received by the Board 45 days before the date of the examination.

As an aid to examination applicants, the National Board publishes a book of explanatory material entitled Candidate's Guide. The current edition of this work, Candidate's Guide III, contains information about the tests, complete test plan outlines of each of the 13 subjects tested, as well as sample questions and answers taken from the Board's question banks in each subject. The current edition sells for $10; it is available from the bookstores of many of the chiropractic colleges or may be purchased by mail order from the National Board offices.

The National Board tests are divided into two parts of six subjects each. Part I consists of the basic science subjects of General Anatomy, Spinal Anatomy, Physiology, Pathology, chemistry, and Microbiology and Public Health. Part II contains the clinical science subjects of General Diagnosis, Neuro Musculo Skeletal Diagnosis, X-Ray, Principles of Chiropractic, Chiropractic Practice, and Associated Clinical Sciences. Physiotherapy is an elective and may be taken with either Part I or Part II or separately.

An examinee must achieve a score of 75 or above in each subject and must pass all subjects exclusive of Physiotherapy to receive a Diplomate Certificate.

Fees for the tests are subject to change; please refer to the current NBCE examination information brochure for the latest figures.

An official transcript of grades is furnished directly to the state licensure boards upon request of the examinee. Specific written authorization must be provided if failing grades are to be released. Approximately six weeks from the examination date are required for the processing of grades. Requests for special or early grading do not expedite but merely impede grade processing. There is no charge for the first transcript, but there is a $10 charge for each additional transcript. A maximum credit limit of $10 is imposed.

Special attention is called to the following information:

An applicant can be disqualified from taking or continuing to sit for an examination, from receiving grades or scores from an examination taken if, in the opinion of the National Board of Chiropractic Examiners or the examination administrator, any of the statements made upon the examination are false, or if the applicant is found to be cheating as evidenced by observation or by statistical analysis of answer sheets, or if the applicant has placed in jeopardy or peril the integrity of the NBCE's examination process, or if the applicant has engaged or participated in an activity which would tend to invalidate examination results.

All National Board examinations and all questions contained in them are copyrighted. Anyone attempting to record or transmit in any manner any portion of the NBCE examination for use by another party could be found guilty of violating Federal Copyright Laws. Such action could be viewed as grounds for denial of license to practice chiropractic. Implication in such action could result in disqualification or ineligibility for Diplomate status.

A chiropractic college and/or the NBCE can utilize the information concerning grades in any manner deemed appropriate and in the best interest of the National Board, the college, or the chiropractic profession. Student applicants who choose not to comply with the Board's policy of reporting scores will not be allowed to sit for the examination.

-end-

PRACTICE STATISTICS

	1981 - 82 Dues Paid	RECIPROCITY				Type of Board C - Chiropractic MX - Mixed M - Medical B - Basic Science	Recognize National Chiropractic Board Cert. *	Chiro. Included in Medicaid	Cont. Education Required for License Renewal	Exam. Given in Clinical Comp.	Accepts Graduates of C.C.E. Colleges or Equivalent	Minimum Non-Prof. Education Required for License
		Not Being Granted	Via National Board ONLY!	Only on Individual Basis	Technically Possible, Practically Impossible							
Alabama	X			X		C	Yes	No	Yes	No	X	High School
Alaska	X			X		C	Yes	No	No	Yes		2Yrs.College
Arizona	X			X		C	Yes	No	No	Yes	X	2Yrs.College
Arkansas	X		X			CB	Yes	Yes	Yes	Yes	X	2Yrs.College
California	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Colorado	X			X		CB	Yes	No	Yes	Yes		High School
Connecticut	X			X		C	Yes	Yes	No	Yes	X	2Yrs.College
Delaware	X			X		C	Yes	No	Yes	Yes	X	2Yrs.College
Dist. of Col.				X		CB	Yes	No	No	Yes		2Yrs.College
Florida	X	X				C	Yes	No	Yes	Yes		2Yrs.College
Georgia	X					C	Yes	No	Yes	Yes		2Yrs.College
Hawaii	X	X		X		C	Yes	No	No	Yes		2Yrs.College
Idaho	X				X	MX	Yes	Yes	Yes	Yes	X	2Yrs.College
Illinois	X	X				MX	Yes	Yes	Yes	Yes	1	2Yrs.College
Indiana	X			X		MX	Yes	Yes	Yes			2Yrs.College
Iowa	X	X			X	C	Yes	Yes	Yes	Yes	X	2Yrs.College
Kansas	X		X	X		MX	Yes	Yes	Yes	Yes	X	2Yrs.College
Kentucky	X					C	Yes	Yes	Yes	Yes	X	2Yrs.College
Louisiana	X			X		MX	Yes	Yes	Yes	Yes		2Yrs.College
Maine	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Maryland	X			X		C	Yes	Yes	Yes	Yes	1	2Yrs.College
Massachusetts	X			X		MX	Yes	No	Yes	Yes	X	2Yrs.College
Michigan	X			X		C	Yes	Yes	Yes	**	*	2Yrs.College
Minnesota	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Mississippi	X			X		C	Yes	No	Yes	Yes	X	2Yrs.College
Missouri	X			X		C	Yes	No	Yes	Yes	X	2Yrs.College
Montana	X		X	X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Nebraska	X	X				C	Yes	Yes	Yes	Yes	X	2Yrs.College
Nevada	X			X	X	C	Yes	Yes	Yes	Yes	X	2Yrs.College
New Hampshire	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
New Jersey	X		X	X		MX	Yes	Yes	No	Yes	*	2Yrs.College
New Mexico	X		X		X	C	Yes	No	Yes	Yes	X	2Yrs.College
New York	X			X		MX	Yes	No	No	Yes	X	2Yrs.College
No. Carolina	X			X	X	C	Yes	Yes	Yes	Yes	X	2Yrs.College
No. Dakota	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Ohio	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Oklahoma	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Oregon	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Pennsylvania	X			X		C	Yes	Yes	No	Yes		1Yr.College
Puerto Rico	X			X		C	No	No	Yes	Yes	X	2Yrs.College
Rhode Island	X			X		C	Yes	No	Yes	Yes	X	2Yrs.College
So. Carolina	X	X				C	No	No	Yes	Yes	X	2Yrs.College
So. Dakota	X			X		C	Yes	Yes	Yes	Yes	X	2Yrs.College
Tennessee	X			X		C	Yes	No	Yes	Yes	X	2Yrs.College
Texas	X	X				C		Yes	Yes	Yes	X	2Yrs.College
Utah	X				X	C	Yes	No	Yes	Yes	X	1Yr.College
Vermont	X			X		C	Yes	Yes	No	Yes	X	2Yrs.College
Virginia	X					MX	Yes	No	No	Yes	1	2Yrs.College
Washington	X			X	X	CB	Yes	No	Yes	Yes		2Yrs.College
W. Virginia	X					C	Yes	Yes	Yes	Yes	X	2Yrs.College
Wisconsin	X	X				C	Yes	Yes	Yes	Yes		2Yrs.College
Wyoming	X			X		C	Yes	No	Yes	Yes	X	2Yrs.College

* - These states are in the process of adopting C.C.E. Legislation or Regulation.
** - Not if applying via National Board.
1 - Only graduates from colleges fully accredited by C.C.E.

CHIROPRACTIC LICENSING STATISTICS

January 1, 1981 through December 31, 1981

	Total ACTIVE Licenses as of 1/1/81	NEW Licenses Issued during 1981	Licenses RE-INSTATED during 1981	TOTAL Licenses GAINED during 1981	Licenses LOST through Failure to Renew 1981	Licenses LOST through REVOCATION 1981	Total Licenses LOST during 1981	NET GAIN or LOSS during 1981	TOTAL Out-of-State as of 12/31/81	Total RESIDENT as of 12/31/81	Total VALID LICENSES as of 12/31/81
Alabama	460	24	3	27	38	0	38	-11	168	281	449
Alaska	60	10	0	10	0	0	0	+10	14	56	70
Arizona	635	270	37	307	22	2	24	+283	396	522	918
Arkansas	286	21	0	21	12	0	12	+ 9	81	214	295
California	5465	566	340	906	540	1	1	+365	226	5614	5830
Colorado	560	204	0	204	0	0	0	+204			764
Connecticut	199	57	0	57	19	0	19	+ 38	0	237	237
Delaware	51	7	0	7	0	0	0	+ 7	25	33	58
Dist. of Col.	5	5	0	5	0	0	0	+ 5	6	4	10
Florida	2611	269	2	271	318	0	318	- 47	400	2164	2564
Georgia	863	207	0	207	42	0	42	+165			1028
* Hawaii	138	26	0	26	3	0	3	+ 23	87	74	161
Idaho	164	22	4	26	18	0	18	+ 8	41	131	172
Illinois	1337	198	45	243	0	0	0	+243	343	1237	1580
* Indiana	631	53	0	53	1	0	1	+ 52			683
Iowa	998	79	0	79	39	0	39	+ 40	393	645	1038
Kansas	719	50	3	53	30	0	30	+ 23	240	502	742
Kentucky	1413	25	9	34	51	0	51	- 17	1021	375	1396
Louisiana	391	26	0	26	11	0	11	+ 15	54	352	406
Maine	200	16	0	16	0	0	0	+ 16	126	90	216
Maryland	302	17	0	17	6	0	6	+ 11	128	185	313
Massachusetts	493	60	4	64	12	0	12	+52			545
Michigan	1498	22	0	213	124	0	124	+89	433	1154	1587
Minnesota	1041	38	3	41	32	0	34	+ 7	150	898	1048
* Mississippi	375	48	2	50	26	1	27	+ 23	193	205	398
Missouri	1662	94	100	194	217	1	218	- 24	463	1175	1638
Montana	193	27	0	27	4	0	20	+ 7			200
Nebraska	171	18	1	19	5	0	5	+ 14	57	128	185
Nevada	344	23	2	25	15	0	15	+ 10	227	127	354
New Hampshire	456	12	0	12	42	0	0	- 30	246	180	426
New Jersey	955	179	0	179	0	1	1	+178			1133
New Mexico	426	45	0	0	50	1	51	- 6	195	225	420
New York	1881	299	0	299	0	0	0	+299	240	1940	2180
No. Carolina	595	121	3	124	22	0	22	+102	281	416	697
No. Dakota	126	12	0	12	0	0	0	+ 12	32	106	138
Ohio	737	56	0	56	7	1	8	+ 48	38	747	785
Oklahoma	818	80	10	90	32	0	32	+ 58	425	451	876

CHIROPRACTIC LICENSING STATISTICS

January 1, 1981 through December 31, 1981

	Total ACTIVE Licenses as of 1/1/81	NEW Licenses Issued during 1981	Licenses RE-INSTATED during 1981	TOTAL Licenses GAINED during 1981	Licenses LOST through Failure to Renew 1981	Licenses LOST through REVOCATION 1981	Total Licenses LOST during 1981	NET GAIN OR LOSS during 1981	TOTAL Out-of-State as of 12/31/81	Total RESIDENT as of 12/31/81	Total VALID LICENSES as of 12/31/81
Oregon	607	134	0	134	12	0	12	+ 122	206	523	729
* Pennsylvania	1252	144	0	144	0	0	0	+ 144	175	1221	1396
* Puerto Rico	243	1	0	1	0	0	0	+ 1	212	32	244
Rhode Island	51	13	0	13	0	0	0	+ 13	7	57	64
So. Carolina	297	78	0	78	0	0	0	+ 78	136	239	375
So. Dakota	174	10	0	10	5	1	6	+ 4	59	119	178
Tennessee	313	34	0	34	3	0	43	- 9	87	217	304
Texas	1231	71	1	72	18	3	21	+ 51	142	1140	1282
Utah	193	35	1	36	8	0	8	+ 28	27	194	221
Vermont	268	13	1	14	11	0	11	+ 3	216	55	271
Virginia	215	50	0	50	0	0	0	+ 50			265
Washington	998	97	14	111	39	1	40	+ 71	250	819	1069
W.Virginia	179	7	0	7	8	0	8	- 1	81	97	178
Wisconsin	750	72	0	72	0	0	0	+ 72	187	635	822
Wyoming	114	15	2	17	2	0	2	+ 15	58	71	129
TOTALS UNITED STATES	36,144	4,060	587	4,793	1,844	13	1,333	+2923	8,583	24886	39,067

* 1981 Statistics not available, old statistics used.

CANADA

Alberta	348	8	1	9	11	0	11	-2	65	281	346
British Col'a.	306	26	0	26	0	0	0	+26	40	292	332
New Brunswick	19	8	0	8	0	0	0	+8	2	25	27
Nova Scotia	17	1	0	1	0	0	0	+1	0	18	18
Ontario	1,094	107	0	107	22	0	22	+85	66	1113	1,179
Quebec	508	34	4	38	8	0	8	+30	19	519	538
Saskatchewan	72	14	0	14	3	0	3	+11	5	78	83
TOTAL REPORTED NORTH AMERICA	2,364	198	5	203	44	0	44	+159	197	2326	2,523

STATISTICS PERTAINING TO INDIVIDUAL STATE LAWS

	Good Samaritan Law?	Child Abuse Reporting Law?	D.C. responsible for reporting communicable diseases?	D.C. responsible for reporting disabling conditions, e.g.: Epilepsy, to dept. issuing driver's license?	D.C.'s report for school children's examination accepted?	D.C.'s report for excuses from school, gym, etc., accepted?	D.C. authorized to sign death certificates?	Insurance equality?	If YES on Insurance Equality, does it include Blue Shield?
Alabama	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Alaska	Yes	Yes	No	No	No	Yes	No	No	
Arizona	Yes	Yes	Yes	No	*3	*3	No	No	
Arkansas	Yes		Yes	No	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Colorado	No	No	No	No	Yes	Yes	No	Yes	No
Connecticut	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes	Yes	*7	Yes	*4
Dist. of Col.	No	Yes	Yes	Yes	Yes	Yes	Yes	No	
Florida	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	*5
Georgia	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Hawaii	Yes	Yes	Yes	No	*3	Yes	No	No	
Idaho	Yes	Yes	Yes	No	Yes	Yes	Yes	No	
Illinois	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Indiana	*7	Yes	Yes	No	No	*3	Yes	No	
Iowa	*7	Yes	Yes	No	No	*3	Yes	No	
Kansas	Yes	Yes	Yes	No	*6	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	No	Yes	Yes	Yes	No	
Louisiana	*7	No	No	No	No	Yes	No	Yes	8
Maine	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Maryland	Yes	Yes	Yes	No	*7	Yes	No	Yes	Yes
Massachusetts	No	No	Yes	No	*3	*3	No	Yes	Yes
Michigan	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Minnesota	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes
Missouri	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Montana	*7	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Nebraska	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New Jersey	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
New Mexico	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New York	No	Yes	Yes	No	Yes	Yes	No	Yes	No
No. Carolina	Yes	Yes	Yes	No	*3	Yes	No	Yes	Yes
No. Dakota	Yes	Yes	Yes	Yes	*3	Yes	Yes	No	
Ohio	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Oklahoma	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes

STATISTICS PERTAINING TO INDIVIDUAL STATE LAWS

	Good Samaritan law?	Child Abuse Reporting Law?	B.C. responsible for reporting communicable diseases?	D.C. responsible for reporting disabling conditions, e.g.: Epilepsy, to dept. issuing driver's license?	D.C.'s report for school children's examination accepted?	D.C.'s report for excuses from school, gym, etc., accepted?	D.C. authorized to sign death certificates?	Insurance equality?	If YES on Insurance Equality, does it include Blue Shield?
Oregon	Yes	Yes	Yes	Yes	No	*3	Yes	No	
Pennsylvania	Yes	Yes	Yes	Yes	*3	Yes	No	Yes	No
Puerto Rico	No	Yes	Yes	Yes	No	Yes	No	No	
Phode Island	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
So. Carolina	No	No	Yes	No	No	No	No	Yes	Yes
So. Dakota	No	No	No	No	No	Yes	Yes	Yes	Yes
Tennessee	Yes	No	Yes	No	Yes	Yes	Yes	8	Yes
Texas	Yes	Yes	Yes	No	*3	*3	No	Yes	Yes
Utah	Yes	No	No	*7	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	*7	Yes	No
Washington	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
W. Virginia	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes	*1	Yes	No	*2	
Wyoming	Yes	Yes	Yes	No	*3	*3	Yes	Yes	No

*1 By Indiv. Dr. of Chiropractic
*2 Questionable
*3 Depends upon Indiv. School Policy
*4 Only state employees
*5 By Patient Request
*6 Exclusive of Vaccination
*7 Unknown
*8 Determined by Type of Contract

CHIROPRACTIC COLLEGES IN THE UNITED STATES, CANADA, ENGLAND AND AUSTRALIA

ACCREDITED STATUS

LOS ANGELES COLLEGE OF CHIROPRACTIC (1983)
Dr. E. Maylon Drake, President
16200 E. Amber Valley Drive, Box 116
Whittier, CA 90609 (213) 947-8755

NATIONAL COLLEGE OF CHIROPRACTIC (1986)
Dr. Joseph Janse, President
200 East Roosevelt Road
Lombard, IL 60148 (312) 629-2000

NORTHWESTERN COLLEGE OF CHIROPRACTIC (1982)
Dr. John Wolfe, President
1834 S. Mississippi River Boulevard
St. Paul, MN 55116 (612) 690-1735

TEXAS CHIROPRACTIC COLLEGE (1983)
Dr. John Barfoot, President
5912 Spencer Highway
Pasadena, TX 77505 (713) 487-1170

LOGAN COLLEGE OF CHIROPRACTIC (1986)
Dr. Beatrice Hagen, President
1851 Schoettler Road, Box 100
Chesterfield, MO (314) 227-2100

NEW YORK CHIROPRACTIC COLLEGE (1987)
Dr. Ernest Napolitano, President
Post Office Box 167
Glen Head, NY 11545 (516) 626-2700

PALMER COLLEGE OF CHIROPRACTIC (1982)
Dr. J.F. McAndrews, President
1000 Brady Street
Davenport, IA 52803 (319) 324-1611

WESTERN STATES CHIROPRACTIC COLLEGE (1984)
Dr. Herbert Vear, President
2900 N.E. 132nd Avenue
Portland, OR 97230 (503) 256-3180

CLEVELAND CHIROPRACTIC COLLEGE (1985)
Dr. Carl Cleveland, III, President
6401 Rockhill Road
Kansas City, MO 64131 (816) 333-8230

RECOGNIZED CANDIDATE FOR ACCREDITATION STATUS

CLEVELAND CHIROPRACTIC COLLEGE (1984)
Dr. Carl Cleveland, Jr., President
590 North Vermont Avenue
Los Angeles, CA 90004 (213) 660-6166

LIFE CHIROPRACTIC COLLEGE (1983)
Dr. Sid Williams, President
1269 Barclay Circle
Marietta, GA 30062 (404) 424-0554

PALMER COLLEGE OF CHIROPRACTIC - WEST (1985)
Dr. John Miller, President
1095 Dunford Way
Sunnyvale, CA 94087 (408) 244-8907

PASADENA COLLEGE OF CHIROPRACTIC (1985)
Dr. Arthur Garrow, President
1505 North Marengo Avenue
Pasadena, CA 91103 (213) 798-1141

CANADIAN MEMORIAL CHIROPRACTIC COLLEGE (1986)
Dr. D.C. Sutherland, President
1900 Bayview Avenue
Toronto, Ontario M4G 3E6
Canada (416) 482-2340
(Status is under Reciprocal Agreement with the CCE - Canada)

OTHER MEMBER COLLEGES

LIFE CHIROPRACTIC COLLEGE WEST
Dr. Gerard Clum, President
2005 Via Barrett,
Post Office Box 367
San Lorenzo, CA 94580 (415) 276-9013

PARKER COLLEGE OF CHIROPRACTIC
Dr. M.T. Morter, Jr., President
300 East Irving Blvd.
Irving, TX 75060 (214) 438-9365

FOREIGN COLLEGES

ANGLO-EUROPEAN COLLEGE OF CHIROPRACTIC
Dr. Arne Christensen, Dean
Cavendish Road, Bournemouth
England
BH1 1RA - Bournemouth 0202 24777/295128

PHILIPS INSTITUTE OF TECHNOLOGY/
INTERNATIONAL COLLEGE OF CHIROPRACTIC
Dr. Andries M. Kleynhans, Head
Chiropractic Program
Post Office Box 96
Bundoora, Vic. 3083
Australia
(03) 468-2440

CHIROPRACTIC ACCREDITING COMMISSION

COUNCIL ON CHIROPRACTIC EDUCATION
Dr. Ralph G. Miller, Exec. Sec'y.
3209 Ingersoll Avenue
Des Moines, Iowa 50312

NATIONAL CHIROPRACTIC ASSOCIATIONS

AMERICAN CHIROPRACTIC ASSOCIATION
Dr. G.M. Brassard, Exec. V.P.
1916 Wilson Blvd.
Arlington, VA 22201

INTERNATIONAL CHIROPRACTIC ASSOCIATION
Dr. Bruce Nordstrom, Exec. V.P.
1901 "L" Street, N.W., Suite #800
Washington, D.C. 20036

STANDARD BASIC CURRICULUM
FOR
CHIROPRACTIC COLLEGES

The Federation of Chiropractic Licensing Boards adopted a resolution by unanimous vote at their annual meeting in Palm Springs, California, February 12, 1977, that stated that the purpose of a basic curriculum in the education of the chiropractic practitioner is to provide a thorough understanding of the structure and function of the human organism in health and disease.

The curriculum should provide a means for identifying deviations from normal structure and function, while providing the essential facts required for diagnosis, prognosis, and treatment of disease.

The curriculum shall encompass and shall be presented over a period of time as prescribed by the Council on Chiropractic Education or its equivalent as the official accrediting agency for the chiropractic profession approved by the United State Office of Education.

Current Educational Standards of the Council on Chiropractic Education require all candidates to furnish proof of having acquired at least two years (or 60 acceptable semester hours) leading to Baccalaureate Degree in the Arts and Sciences, including laboratory courses in biology and chemistry.

The curriculum shall be presented over a minimum period of eight semesters, or the equivalent, for a total of not less than 4,200 hours.

The Offerings should include the following disciplines:

> Human Anatomy, biochemistry, physiology, microbiology, pathology, public health, physical, clinical and laboratory diagnosis, gynecology, obstetrics, pediatrics, geriatrics, dermatology, otolaryngology, roentgenology, psychology, dietetics, orthopedics, physical therapy, emergency procedures, spinal analysis, principles and practice of chiropractic, adjustive technique, and other appropriate subjects.

The above standards are reviewed each year and are subject to revision as needs and circumstances change. For specific and more detailed information you are referred to the:

COUNCIL ON CHIROPRACTIC EDUCATION
3209 Ingersoll Avenue
Des Moines, Iowa 50312

TESTIMONY OF
CONGRESSMAN RON WYDEN
BEFORE THE
HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE

Hearing on Chiropractic Care for Veterans

June 28, 1983

Thank you, Mr. Chairman, for the opportunity to testify today about increasing health care choices for America's veterans.

Specifically, I am pleased to offer my support for including chiropractic care as one of the health care alternatives available to veterans through the Veterans' Administration.

The issue here, Mr. Chairman, is freedom of choice.

When the average American consumer needs health care services, he or she can choose from any of a number of providers: medical doctors, chiropractors, osteopaths, optometrists, audiologists and many others.

No one limits their choices; no one says they may not obtain healt care from a certain type of provider.

Regrettably, this is not the case with millions of men and women who have served diligently in our armed services. If they want to receive health services through the Veterans Administration -- which is their right -- veterans cannot seek the services of a chiropractor.

That is both unfair and unjustified.

Millions of Americans utilize the services of chiropractors each year. In my home state of Oregon, we have the highest number of chiropractors per 100,000 of population; more than twice the national average. And, of the 2,200 chiropractors graduated each year by this nation's 16 chiropractic colleges, very few if any are lacking for work.

This is not the first time Congress has considered this issue. Many times in the past, Congress has made clear its intent that chiropractic care be available to veterans through the Veterans Administration. In fact, the Senate passed legislation calling for the inclusion of chiropractic care for veterans in the last Congress and the Senate Veterans Affairs Committee has done so again this year (S 578).

It is high time the House follow suit.

The problem, as you know, is not one of legal barriers. The Veterans Administration currently has the authority to offer chiropractic services, as the Senate has reminded it several times. The problem is a lack of willingness on the part of the Veterans Adminstration to do what Congress has said it can do.

There are currently at least two bills in Congress which show promise for breaking the ice. Both bills (S 567 and HR 3016) provide $2 million per year to fund pilot programs for chiropractic care under the Veterans Administration. Veterans and the national chiropractic associations have both voiced general support for these measures.

I also support these measures, but am hopeful that they are just the beginning. If we are to go as far as setting up pilot programs for chiropractic care in the VA, then let us go all the way and make all veterans eligible for chiropractic care.

Only this way will we be able to gauge accurately the number of veterans who desire chiropractic care. And only this way can we be fair to the those who have expressed the desire to receive this medical alternative.

But perhaps the most important reason to allow veterans to receive chiropractic care, Mr. Chairman, is to encourage diversity in our nation's health care system.

The public has already recognized that chiropractic care is an equal choice among several health care alternatives.

Congress, likewise, has recognized chiropractic medicine and made it available to medicare recipients.

I think it is about time the the Veterans Administration got in step with the public, the veterans and the rest of the federal government.

The federal government has the unique opportunity, and the responsibility to lead by example. It is up to us the ensure that the VA lives up to that responsibility.

Thank you.

INTERNATIONAL CHIROPRACTORS ASSOCIATION
EXECUTIVE OFFICES

Statement of the
International Chiropractors Association
Submitted to the
Subcommittee on Hospitals and Health
House Committee on Veterans' Affairs
on
Chiropractic Services for Veterans

June 28, 1983

The International Chiropractors Association (ICA) of Washington, D.C., submits this statement in response to the invitation from the Honorable Robert Edgar, Chairman, Subcommittee on Hospitals and Health.

The members and officers of the International Chiropractors Association are deeply grateful for this opportunity to discuss the issue of chiropractic care for veterans through the Veterans Administration. As a profession, we are deeply concerned by the uniquely isolated position the veteran finds himself or herself in regarding the availability of chiropractic care through the Veterans Administration. We are, of course, concerned about the discriminatory attitude toward the chiropractic profession embodied in current VA policy which is unique among federal programs in its exclusion of chiropractic care. For us it is particularly distressing since one out of three chiropractors today attended chiropractic college through the G.I. Bill, a ratio unique among health care providers. Of course, there are other issues of equal or greater concern surrounding this problem.

VA Policy - Cause for Continuing Concern

Despite the encouragement provided the Veterans Administration by the Congress, access to chiropractic care is still being denied veterans on a systematic basis. The

Congress has repeatedly urged the VA's Department of Medicine and Surgery to re-examine its position and to begin using its existing authorities to provide, at least on a pilot basis, chiropractic services as a part of medical care furnished to veterans.

Clearly, these expressions of concern on the part of the Congress and the urging of voluntary movement were not enough to change the VA's long-standing discriminatory attitude. Without a specific Congressional mandate requiring the VA to provide access to chiropractic care, America's veteran will continue to be denied the benefits of chiropractic care through the VA.

Currently, chiropractic care is authorized under the law only if recommended by a medical doctor or an osteopath. Such referrals are almost never made. In fact, not only have requests for referral been denied, but form letters have been devised to inform, assumedly more than one veteran, that the VA did not have the authority to reimburse chiropractic care, when, of course, it did. (Exhibit A.)

More importantly, VA policy continues to operate on the basis that where "... medical findings and judgments determine that active manipulation and adjustment are indicated, such treatment is most frequently administered by rehabilitation medicine specialists or physiatrists." This concerns us greatly. Detection and removal of subluxations requires years of formal education in theory of biomechanics, classroom instruction and clinical experience —— not just a few hours in a weekend seminar. Thus, a significant issue of quality of service is raised.

We are concerned about the cost of traditional treatment of back injuries and conditions and believe very strongly, on the basis of good evidence that the chiropractic profession can provide better treatment in many cases at a significantly lower cost. For the Committee's consideration, we have attached a summary of independent studies of industrial back injuries and the full text of two of the more recent studies. (Exhibit B.) Copies of all the studies are available upon the Committee's request.

These studies, two of which were conducted by medical doctors, show that for similar cases, chiropractic care demonstrated a dramatic savings in time and money, and returned insurance claimants to work twice as fast as medical and other specialist forms of care.

We feel the information contained in these studies clearly indicates that inclusion of chiropractic services for veterans, would not just be a displacement of costs, but could actually save federal money through less expensive and more efficient and effective care by Doctors of Chiropractic.

Chiropractic, a Non-duplicating Health Service

Since its inception in 1895, chiropractic has been licensed in all 50 states, the District of Columbia and Puerto Rico. In just the past 8 years, the number of chiropractic colleges has grown from 10 to 16 in the United States alone, and an accrediting agency for chiropractic colleges, the

Council on Chiropratic Education, has been officially recognized by the U.S. Department of Education. The profession itself in the U.S., in just the past four years, has increased by a minimum of 30% (from 23,000 to 30,000), a remarkable growth for any profession (estimate based on state licensing statistics and a U.S. Department of Health and Human Services study of chiropractic).

To obtain a diploma as a Doctor of Chiropractic (DC), a candidate must complete, at a minimum, a six-year course of study including two years of pre-professional college education and four years of resident instruction at a chiropractic college.

It is estimated that the 30,000 Doctors of Chiropractic practicing in the U.S. will provide more than 3.7 million patient visits each week this year. After screening their patients for possible contraindications or need for referral to or consultation with other health care provider(s), chiropractors will give an adjustment(s) (manipulation of the spine), if indicated to correct subluxated (misaligned) vertebrae which can cause disturbances to the nervous system if not corrected. This specialized health care service is not duplicated by any other healing arts profession.

Under the Internal Revenue Code, chiropractic health care is a "medical" deduction.

The Federal government, under the Immigration laws, recognizes chiropractic education as a basis for admitting aliens into the United States with special status as students.

In 1974, the Rehabilitation Act of 1973 was interpreted by HEW to authorize chiropractic services by State rehabilitation programs which utilize Federal matching funds.

The U.S. Public Health Service classifies Doctors of Chiropractic among "medical specialists and practitioners," and includes Doctors of Chiropractic in its Health Manpower Source Book.

H.R.3016 - The Answer to a Continuing Problem

Currently, only one bill dealing with chiropractic care has been introduced in the U.S. House of Representatives, H.R.3016, introduced on May 12th, 1983 by the Honorable Christopher Smith of New Jersey. To date, nearly forty Members of Congress have demonstrated their support for H.R.3016 through co-sponsorship. The International Chiropractors Association vigorously supports this bill, even though it is very limited and we would much prefer to see a permanent, comprehensive program of chiropractic care enacted. However, we believe that the provisions of this bill represent a sound beginning basis on which chiropractic care can be made routinely available to some veterans through the VA. Its costs are modest, and clearly limited. The concepts embodied in H.R.3016 are similar to legislation passed by the Senate on two previous occasions (S.1956 in the 97th Congress and S.196 in the 96th) and to legislation currently moving through the Senate, S.567.

Freedom of Choice

We believe veterans deserve the same freedom of choice of health care providers as enjoyed by citizens who receive health care benefits under Medicare, Medicaid, Federal Employee Workmen's Compensation, all 50 state workmen's compensation programs, and most federal employee health benefit plans, and commercial health and accident policies. Passage of H.R.3016 would provide a meaningful addition to the health care program for veterans who are currently in a uniquely isolated position as far as the availability of chiropractic care.

It is our sincere hope that this committee will act swiftly and favorably on H.R.3016, and join with the Senate to provide a practical solution to the veterans' needs for access to chiropractic care.

Medical Center
555 Willard Avenue
Newington, CT 06111

(EXHIBIT A)

Veterans Administration

Dear Sir:

Your invoice is being returned for the reason checked below:

☐ Unable to identify patient, please furnish social security number.

☐ Please indicated condition treated.

☐ Please indicate type and length of session.

☐ Home, Health Aid invoices - Time card must be included, dates & hours recorded.

☐ Please include doctor's Federal Identification Number.

[✓ Other:] We can not pay for services from a Chiropractor.

Fee Basis Section

Medical Center

Southfield and Outer Drive
Allen Park, MI 48101

Veterans
Administration

Dear Sir:

Reference is made to your statement for services rendered the veteran noted below on October 31, November 3, 5, 7, and 10, 1980.

The Veterans Administration is unable to approve payment for the above services because of the following:

☐ The veteran was not treated for a service connected disability.

☐ The services were not authorized by the VA

☒ Services by a Chiropractor are not a VA benefit.

☐ The maximum amount allowed by our current Medical Fee Schedule has already been paid.

☐ Other:

Sincerely,

Samuel L. Burkett

SAMUEL L. BURKETT
Chief, Medical Administration Service

cc: Mr. Frymire

SS# 370-14-2559 FRYMIRE, William
In Reply Refer To: 553/136B2 (313) 562-6000, Ext. 460 or 470

VA FL 10-23 (553)
June 1979

Exhibit B

Industrial Back Injury

(Study Completed in December, 1972)

By:
C. Richard Wolf, M.D.

Special Credit is given to Dr. Floyd R. Hill.

A comparison of patient-reported time loss-treated by medical doctors vs. treated by chiropractors.

BACKGROUND

The total number of disabling back injuries reported to the Calif. Division of Labor Statistics and Research more than doubled during the years 1950-1970. The rate of lost-time back injuries per 1,000 employed workers has been relatively stable, ranging from a low of 6.9 in 1957 to a high of 7.5 in 1955 and 7.4 at the end of the period in 1970. However, back injuries have risen as a proportion of total lost-time work injuries from a low of 17.6% in 1950 to a high of 24.1% in 1970. This would imply that attempts to prevent lost-time back injuries have not been as successful as those of other accident problems since no reporting artifacts appear to explain this phenomenon.[1]

According to the California State Labor Code, all illnesses arising out of conditions of employment are defined as injuries and must be reported by practitioners to the California Department of Industrial Relations. These reports entitled "Doctor's First Report of Work Injury", have been analyzed, tabulated and published as epidemiologic studies by this author on previous occasions.[2 3 4] It seemed appropriate, therefore, to utilize these reports to study the problem of lost time from back injuries. Problems of under-reporting, incomplete reporting and, on occasion, inaccurate reporting exist and have been studied and discussed.[5] It is of considerable significance that these reports describe only the first visit to a practitioner and therefore little can be learned about time loss except as estimated on some reports. After reviewing many reports, it became apparent that many injured employees were electing to visit a chiropractor for treatment of their back injuries. Martin[6] studied 237 time-loss back claims. Twenty-nine claimants were treated by no other practitioner than a chiropractor with 82% of these resuming work after one week of time loss. Their claims were closed without a disability award. He examined claims treated by medical doctors in which the diagnosis seemed comparable to the type of injury suffered by the workmen treated by the chiropractors; 41% of these workmen resumed work after one week of time lost. He further stated that no conclusions should be drawn on such a small study, that these findings were only one observation of the overall study, but, that serious studies of the different treatment modalities and comparisons of the success ratio are sorely needed.

This present study was designed to compare time loss due to industrial back injury when treated by either a chiropractor or a medical doctor, using the records of the Division of Labor Statistics and Research (Doctor's First Report of Work Injury).

STUDY DESIGN

The Division of labor Statistics receives and sorts over 1,000,000 first reports each year. At the author's request, 500 back injury reports signed by M.D.'s and 500 signed by chiropractors were consequently selected as they arrived in the mail.

When these reports were reviewed, it was obvious that no conclusions could be drawn regarding comparability of diagnosis. The very nature of the difference in treatment philosophy excluded the possibility of having comparable diagnostic categories. Furthermore, the factor of case selection was built into the study by virtue of the fact employees voluntarily selected either an M.D. or a chiropractor.

Since diagnoses were not comparable, self-selection of cases was unavoidable and no reliable information could be obtained about time loss from the report. It was decided that each employee would be contacted using the report only as source of cases for the study.

A short form letter was sent to each of the 1,000 injured employees. Referring to the specific doctor visit reported, the letter read as follows:

> "Our office reviews selected copies of Doctor's First Report of Work Injury with the aim of prevention of illness in workers."
>
> "Back injuries are a large percentage of work injury reports. In the hope of learning something which may be useful in preventing illness from back injuries, we would appreciate more information about the work injury report, when you were seen by ______ on __________ The information you give will be used as a statistical tabulation only. *This has nothing to do with allowance of claim or payment of claims.*
>
> (1) How much time did you lose from work with this injury? (   )
>
> (2) Do you still have pain or stiffness at the site of this injury?
> Yes (   )   No (   )
>
> (3) Are you completely over this episode so far as you can tell?
> Yes (   )   No (   )
>
> "A postage-free envelope is enclosed for your convenience in returning this query."

When about 475 responses had been received and additional ones were arriving only occasionally, a second mailing was made to all who had failed to respond and an additional question was added:

> (4) Did you consult any other doctor before the one above; if so, was it a chiropractor or medical doctor? Of the 82 responding to this letter who had visited a chiropractor on the Doctor's First Report, 16 had first gone to an M.D. Of the 95 responding who had gone to an M.D. on the Doctor's First Report, 9 had first gone to a chiropractor.

Table I is a tabulation of responses to the questions.

Table I

	Employees Treated by Medical Doctors (M.D.'s)	Employees Treated by Doctors of Chiropractry (D.C.'s)
Number of Employees Sent questionaire	500	500
Number of Employees Responding	333	296
Average Age of Employees Responding	39.7 years	42.9 years
Percent Female Employees	20.4%	13.8%
Total Lost Time (days)	10,641 days	4,627 days
Average Lost Time (days per Employee)	32 days	15.6 days
Percent Employees Reporting Complete Recovery	34.8%	51%
Percent Employees Reporting No Lost Time	21%	47.9%
Percent of Reporting Employees Losing Over 60 days	13.2%	6.7%
Percent of Reporting Employees Given Diagnosis of Strain or Sprain	69%	82%

DISCUSSION

Of the original 1,000 injured employees who were sent letters, replies were obtained from 629, for an overall 63% response. 333 patients treated by M.D.'s responded and 296 patients treated by chiropractors responded. All letters returned due to address change in both categories were followed up by telephone and in the most cases the information was obtained verbally from these. The remaining cases that were sent a second letter without response were not followed up further.

A remarkable similarity in diagnoses was recorded by both groups. Either "strain" or "sprain" was written on the First Report by 69% of M.D.'s and 82% of chiropractors (of patients responding). It is the author's opinion that this reflects a reporting requirement of the agencies paying for the doctor visit with which both groups must comply, rather than representing a true agreement on underlying pathology.

In attempting to determine any difference in the two population groups, the only employment category that appeared significantly different between the two groups was the category "Nurses and L.V.N.'s". This accounted for the majority of the sex difference between the groups. 17 of 68 female injured employees treated by M.D.'s were nurses or L.V.N.'s, whereas only 1 of 41 female employees treated by chiropractors was a nurse. There was no significant difference in employment categories observed in males between the two groups. Both groups were made up equally of carpenters, laborers, mechanics, custodians, waitresses, truck drivers, etc.

The significant differences between the two groups appear to be as follows:

Average lost time per employee — 32 days in the M.D.-treated group, 15.6 days in the chiropractor-treated group.

Employees reporting no lost time — 21% in the M.D.-treated group, 47.9% in the chiropractor-treated group.

Employees reporting lost time in excess of 60 days-13.2% in the M.D.-treated group, 6.7% in the chiropractor-treated group.

Employees reporting complete recovery-34.8% in the M.D.-treated group, 51% in the chiropractor-treated group.

CONCLUSION

The author cannot explain these differences by any bias in study design, nor is there anything in the study to permit speculation as to relative treatment merits. Therefore some explanation remains to come forth.

SUMMARY

One thousand employees with industrial back injuries were questioned about the time lost and residual pain from their injuries. One-half of these injuries were reported as having been treated by medical doctors, the other half by chiropractors. Responses were obtained from 629. There were no apparent major indentifiable differences in the two groups with regard to age or employee categories. The major differences were: (1) employee statement of lost time; 32 days average for M.D.-treated group versus 15.6 days average for the chiropractor-treated group: (2) percentage of employees reporting lost time in excess of 60 days; 13.2% of those treated by M.D.'s versus 6.7% of those treated by chiropractors; and (3) percent of employees reporting no lost time; 21% of those treated by M.D.'s versus 47.9% of those treated by chiropractors.

The author is unable to explain these differences.

BIBLIOGRAPHY

1. California Work Injuries 1970 State of California Department of Industrial Relations Division of Labor Statistics and Research. 455 Golden Gate Avenue, San Francisco, Ca.
2. Wolf, C.R., Aeortitis in Air Travel California Medicine 117:10-12 November, 1972.
3. Wolf, C.R.; Baginsky, E.; Milby, T.H.; Patterns in Occupational Disease J. Occ. Med. 12:1-5 Jan. 1970.
4. Milby, T.H.; Wolf, C.R.; Respiratory Tract Irritation from Fibrous Glass Inhalation J. Occ. Med. 3: 449, 1961.
5. Berkov, B.M.; Kleinman, G.D.; Powers J.E., and Trasko V.M.; Evaluation of Occupational Disease Reporting in California J. Occ. Med. 3: 449, 1961.
6. Martin, R.A., M.D., Medical Director Workman's Compensation Board, State of Oregon Salem, Oregon 97310. Personal Communication, 1972.

Occasional Survey

MANIPULATING THE PATIENT

A COMPARISON OF THE EFFECTIVENESS OF PHYSICIAN AND CHIROPRACTOR CARE

ROBERT L. KANE
CRAIG LEYMASTER
DONNA OLSEN
F. ROSS WOOLLEY
F. DAVID FISHER

Department of Family and Community Medicine, University of Utah College of Medicine, Salt Lake City, Utah 84132

Summary Patients identified through Workmen's Compensation records as having been treated for back or spinal problems by a chiropractor (122) or a physician (110) were interviewed to determine their functional status before and after the accident and their satisfaction with the care received. In terms of both the patients' perception of improvement in functional status and patient satisfaction, the chiropractors appear to have been as effective with the patients they treated as were the physicians. The two groups of patients were not significantly different with regard to age, sex, race, education, marital status, income, hypochondria, or attitudes about the medical profession in general.

INTRODUCTION

THE medical profession's disdain for chiropractic has existed since the first emergence of the practice at the end of the nineteenth century. None the less, the public turns to chiropractors for assistance in ever more substantial numbers. Kuby cites two studies from the mid-1950s which suggest that 5–7% of the families surveyed had consulted a chiropractor during the previous year. Over 16% of the respondents expressed a willingness to use such a practitioner.[1]

Despite the opposition of organised medicine, chiropractors are now eligible for reimbursement under Medicare as a result of PL 92–603. Ballantine represents the position of many physicians[2]:

> "The inclusion of chiropractic in any health care program, public or private, is not in the public interest. There is no reason to believe that further studies of chiropractic would bring forth new facts to negate the findings previously published by knowledgeable investigators of unquestionable integrity."

Ironically, there is a scarcity of scientific data on the validity of chiropractic theory or the effectiveness of chiropractic therapy. The first experimental study of the basis for the theory of vertebral manipulation to be published in a recognised scientific journal appeared in 1973.[3] However, the public continues to find solace in the services offered by these practitioners, as evidenced by the continued use of their services. In recognition of this public support and prompted by the current medical furore over the Medicare regulations, we felt it appropriate to attempt an evaluation of the effectiveness of chiropractic treatment, regardless of the theoretical validity of the methods. If chiropractors are able to improve their patients' functional levels, as judged by the patients themselves, this evidence would be a first step in bringing factual data and rational discussion to an overheated subject.

METHODS

To establish our sample, we reviewed all claims of the Utah State Insurance Fund (Workmen's Compensation) between July and December, 1972, to identify neck and back injuries (table I). From these, those patients living within an hour's travelling time from the university were listed. Workmen's Compensation permits the injured worker to select his therapist from among physicians,

TABLE I—UTAH STATE INSURANCE FUND WORKMEN'S COMPENSATION NECK AND BACK INJURIES, JULY–DECEMBER, 1972

	Statewide	Target area
M.D patients	482 (*60*%)	336* (*55*%)
D.C. patients	175 (*22*%)	147† (*24*%)
D.O. patients	14 (*2*%)	13 (*2*%)
Both (M.D. and D.C.) ..	47 (*6*%)	44 (*8*%)
Type of practitioner consulted not clear in records	77 (*10*%)	67 (*11*%)
	795 (*100*%)	607 (*100*%)

* 145 randomly sampled for this study.
† Included in study.

osteopaths, and chiropractors. For the study period and geographical area specified, records were identified for 147 chiropractor (D.C.) patients and 336 medical (M.D.) patients; 13 patients had used osteopaths and 44 had consulted both a physician and a chiropractor. For 67 cases the type of therapist was unclear. A random sample of physician patients approximately equal in number to the chiropractic patient group was made.

Efforts were made to interview each of these patients in his own home. A questionary was designed to supply data on (1) the type of practitioner visited, the number of visits, treatments used, and the source of referral; (2) patient satisfaction with the therapist and the care received; (3) the degree of functional improvement achieved; (4) the patient's attitudes toward the medical profession; and (5) the general level of patient hypochondria.

We used the technique developed by Bush[4] to estimate the functional status of the patient prior to his injury (T_1), at the time of the first visit to a therapist (T_2), and at the point of the interview (T_3). These functional levels were computed by combining three scores—the patient's degree of body movement, travel and confinement, and activity for each point in time. These values were converted to a continuous scale from which ratios could be derived to compare the function at one point in time in terms of that of another. In the ratio used,

$$\frac{(T_3-T_2)}{(T_1-T_2)},$$

the numerator measures the extent of improved function after treatment and the denominator reflects the amount of disability imposed by the injury. The entire ratio then reflects the degree to which therapy improved function, relative to the severity of the disability produced by the injury. The higher the ratio, the more effective the treatment. (In using this ratio, we elected to omit six chiropractor patients and one physician patient who exhibited perfect functional scores at all three points in time.)

Questions on the patients' attitudes toward the traditional medical-care system and the medical profession were adapted from scales developed by Hulka et al.[5] to assess perceptions about professionalism, cost and convenience, and personal qualifications. The only alteration was the substitution of "physician" for "doctor" in several questions to avoid any confusion in the patient's mind with chiropractors.

The hypochondria scale used was developed by Pilowsky[6] and analyses three factors of hypochondria: (1) disease phobia, (2) bodily preoccupation, and (3) degree of conviction about the presence of a serious disease.

RESULTS

As shown in table I, at least 30% of persons suffering from neck and/or back injuries during the six-month period from July to December, 1972, consulted someone other than a medical doctor. This proportion was slightly larger for the geographically defined target area of the study, probably because of the clustering of chiropractors and osteopaths in the more urban areas. Of the 145 physician patients sampled, 110 (76%) were interviewed; 10 patients refused to participate; 25 either had moved from the area or could not be located. For the chiropractor patients, 122 of the 147 in the sample (84%) were interviewed—5 refused and 20 could not be found. The overall response-rate for the study was 80%. This left a study sample of 110 M.D. patients and 122 D.C. patients.

TABLE II—CHARACTERISTICS OF PHYSICIAN AND CHIROPRACTOR PATIENTS

Characteristic	M.D. patients (N = 110)	D.C. patients (N = 122)	P-value
Mean age (yr.)	35·4	37·6	N.S.
Race (% White)	92	96	N.S.
Sex (% male)	85	83	N.S.
Mean educational level (yr.)	12·1	12·1	N.S.
Modal income range ($) ..	5000–10,000	5000–10,000	N.S.
Mean Hulka scale scores of attitudes towards the medical profession:			
Professionalism	49·5	49·5	N.S.
Cost and convenience ..	73·1	73·1	N.S.
Professional qualifications	64·3	63·9	N.S.
Mean hypochondria scores:			
Disease phobia	4·6	4·5	N.S.
Bodily preoccupation ..	4·5	4·4	N.S.
Degree of conviction about presence of serious disease	2·9	2·9	N.S.
Total score	3·4	3·3	N.S.

To look for possible selection bias, those patients who could not be interviewed but for whom data were available from Workmen's Compensation records were compared to the respondents. These data included the source of care, and thus we were able to compare chiropractor and physician non-respondents with their respective respondent groups. There was no significant difference in the sex ratio or marital status between respondents and non-respondents among either the chiropractic or medical patients. Nor was there any difference in age among the medical patients; however, among the chiropractic patients the respondents' average age was 6 years more than that of the non-respondents, a significant difference at the 0·05 level by *t*-test. The data presented in the remainder of this paper will deal only with respondents.

Table II summarises the demographic characteristics of the respondents. There were no statistically significant differences between respondents treated by physicians and chiropractors with regard to age, race, sex, educational background, marital status,

TABLE III—TREATMENT AND EFFECTIVENESS

	M.D. patients (N = 110)	D.C. patients (N = 122)	P value*
Mean no. of visits ..	7·3	12·8	< 0·001
Mean duration of treatment (wk.)	9·3	6·5	< 0·05
Mean no. of visits/week ..	1·2	2·5	< 0·001
Average functional status before disability ..	0·79	0·78	N.S.
Average functional status at time of first visit to practitioner	0·53	0·57	< 0·001
Current average functional status	0·75	0·76	N.S.
Mean ratio of functional status improvement† ..	0·86	0·92	N.S.
% returned to former status	70	80	N.S. by Mantel-Haenszel ($\chi^2 = 2·1$, $P > 0·10$)
% improved but not to former status	28	18	
% deterioration after treatment	2	2	

* By *t*-test unless otherwise indicated.

† Omits 6 D.C. patients and 1 M.D. patient who had perfect functional scores at T_1, T_2, and T_3.

income, attitudes towards the medical profession, or hypochondria.

Of the 110 patients who saw a physician, 60 consulted general practitioners and 50 saw a specialist. Physician patients were most likely to have been referred by a fellow worker or by another practitioner; most of the chiropractor patients were either self-referred or referred by a relative or fellow worker.

Table III compares the extent of treatment and functional-status changes achieved by the physicians and chiropractors. Generally, chiropractors required almost twice as many visits of their patients as did physicians. The mean number of physician visits was 7·3, compared to 12·8 for chiropractors. This is a significant difference. On the other hand, mean duration of treatment was significantly longer for M.D. patients—9·3 weeks as opposed to only 6·5. The physicians thus averaged 1·2 visits per week compared to 2·5 for chiropractors.

Functional status of both groups of patients did not differ significantly in terms of their initial and final levels. However, those who saw a physician were significantly more disabled at the time of their first visit than were chiropractic patients. There was some variation in the change in functional status achieved by the different therapists. On the basis of the ratio of improvement previously defined, the physicians were somewhat less effective, with a mean ratio of 0·86 compared with 0·92 for the chiropractors. It should be noted that this ratio omits 6 chiropractor patients and 1 physician patient who reported perfect functional scores consistently across T_1, T_2, and T_3 levels.

TABLE IV—NUMBER OF VISITS TO THERAPIST AND DURATION OF TREATMENT BY FUNCTIONAL STATUS AT TIME OF FIRST VISIT

Functional status at time of first visit (T_1)	Average no. of visits		Average duration (wk.)	
	M.D. patients (N = 110)	D.C. patients (N = 122)	M.D. patients (N = 110)	D.C. patients (N = 122)
Severe impairment ..	10·9	16·7	15·3	7·6
Moderate impairment	5·6	12·1	6·1	9·6
Mild impairment ..	3·4 ($F = 5·67$, $P < 0·01$)	12·4 ($F = 1·05$, N.S.)	4·0 ($F = 10·15$, $P > 0·01$)	8·2 ($F = 1·04$, N.S.)

Table IV shows the difference in the chiropractors' and physicians' treatment schedules, according to the disability of their patients. The more severely disabled M.D. patients had a statistically significantly greater number of visits for a longer period of time than did the less severely disabled M.D. patients. This was not true for chiropractor patients. The difference in number of visits by chiropractor and M.D. patients was significant at the 0·001 level; the difference in duration of care was significant at the 0·04 level.

Table V compares the outcome of care with these same measures of therapeutic intensity. For chiropractor patients, there is a tendency for those who showed the least improvement to have had the most therapy. This was statistically significant in terms of number of visits, but not in terms of duration of treatment. Among M.D. patients there were significant variations but in no specific direction. Once again the differences between practitioners were statistically significant. For number of visits the significance level was <0·001; for duration, <0·03. In these analyses the seven patients mentioned above who showed consistently perfect functional scores over time were again omitted.

TABLE V—OUTCOME ACCORDING TO INTENSITY OF THERAPY

Outcome	Average no. of visits		Average duration (wk.)	
	M.D. patients (N = 109*)	D.C. patients (N = 116†)	M.D. patients (N = 109*)	D.C. patients (N = 116†)
Returned to former status	8·4	11·5	6·3	6·3
Improved but not to former status ..	13·5	16·3	16·9	7·1
Deteriorated or no change after treatment	3·3 ($F = 6·91$, $P < 0·01$)	30·0 ($F = 4·39$, $P < 0·025$)	7·4 ($F = 9·65$, $P < 0·001$)	9·3 ($F = 0·293$, N.S.)

* Omits 1 M.D. patient who had perfect functional scores at T_1, T_2, and T_3.

† Omits 6 D.C. patients who had perfect functional scores at T_1, T_2, and T_3.

Treatment employed varied among practitioners. Physicians used medication, heat, braces or casts, physical therapy, and exercises, in that order. They tended to use surgery, physical therapy, and braces with the more disabled patients. Chiropractors used manipulation, heat, braces or casts, and exercises. With the more disabled patients, they were more likely to use heat and braces. Chiropractors used medication for only about 5% of their patients.

The patients were specifically asked about their sense of satisfaction with their therapist and his treatment (table VI). There was a statistically significant difference in the chiropractor patients' perception of the degree to which they were made to feel welcome. The chiropractors' patients were also significantly more satisfied with the explanation they received about their problem and its treatment.

DISCUSSION

Given the emotional climate of the medical community toward chiropractors, a dispassionate discussion of M.D. and chiropractic effectiveness is diffi-

TABLE VI—MEASURES OF PATIENT SATISFACTION

Measure	M.D. patients		D.C. patients	
	Satisfied	Dis-satisfied	Satisfied	Dis-satisfied
Ability of practitioner to return patient to previous functional level	101 (*91·7%*)	9 (*8·3%*)	115 (*94·0%*)	7 (*6·0%*)
Ability of practitioner to make patient feel welcome*	103 (*93·5%*)	7 (*6·5%*)	122 (*100%*)	0
Ability of practitioner to gain confidence of patient	105 (*95·4%*)	5 (*4·6%*)	116 (*94·8%*)	6 (*5·2%*)
Ability of practitioner to explain problem and treatment*	93 (*84·3%*)	17 (*15·7%*)	116 (*94·8%*)	6 (*5·2%*)

* Differences between M.D. and D.C. patients significant at $P < 0·05$ by chi-square.

cult at best. When a medical-care journal recently presented an article reviewing the experience of New York's Medicaid program in reimbursing chiropractors for their services,[7] a flurry of criticism and explanation ensued.[8,9] This study compares the care given by chiropractors and physicians in terms of the outcomes achieved for 232 similarly disabled patients.

There are, however, several limitations on the study. The design is retrospective; it relies on the patient's recall of his functional status at several points in time over the previous year. Although there is no reason to suspect any systematic bias to favour one type of provider over another, this possibility must be considered. Because chiropractors utilise a diagnostic nomenclature different from physicians, it was not possible to pair individual cases to assure their comparability. There is some suggestion, moreover, that those patients with more severe disabilities tended to consult physicians in preference to chiropractors. In the same vein, the pattern of a lower number of physician visits by patients failing to improve (table v) can be accounted for by assuming that patients failing to respond quickly tended to discontinue therapy before a beneficial result could be achieved. Finally, the number of patients examined is small. Significant medical problems which were remediable only by surgical intervention could have been missed just on the basis of sample size.

None the less, the results suggest that by two measures of outcome—patient's perception of improvement in functional status and patient satisfaction—the chiropractors have been as effective with the patients they treated as were the physicians. This may be in part attributable to good self-selection by the patient in his choice of therapist.

Moreover, it cannot be assumed that patients who choose to utilise a chiropractor are more likely to suffer psychosomatic problems. At least from the data obtained in this study, there was no difference in the hypochondria scores of chiropractor and physician patients. Nor can we attribute the use of a chiropractor to feelings of distrust or animosity toward physicians, for the data suggest no difference in attitudes between the two groups of patients. The selection of chiropractors by their patients seems to be based on other values and, at least from the patient's perspective, seems to have been successful. The chiropractors generated more patient satisfaction than did the physicians, particularly in regard to the patient's response to the personality of the practitioner and his ability to explain the problem and its treatment.

It is not our purpose to debate the proposition that chiropractic is or is not a legitimate method of therapy. Certainly the articles in the medical literature challenging its scientific basis and its academic credentials cannot be refuted by a single small retrospective study. Rather, we would suggest that there are valuable lessons which the medical profession might learn. These are mainly in the area of medical techniques for communicating with patients.

On the basis of our study and others,[10–12] it appears that the chiropractor may be more attuned to the total needs of the patient than is his medical counterpart. The chiropractor does not seem hurried. He uses language patients can understand. He gives them sympathy, and he is patient with them. He does not take a superior attitude toward them. In summary, it is an egalitarian relationship rather than a superordinate/subordinate relationship. Entralgo claims the major variables that explain why some patients prefer chiropractors can be found in the socioemotional aspects of the patient's relationship with his doctor.[13] Balint describes the most important element in all remedies as an emotionally satisfactory relationship between the invalid and his doctor.[14] Other workers have indicated the importance of the doctor–patient relationship to achieve effective therapy, especially in improved patient compliance.[15–17]

CONCLUSIONS

The facts revealed in this study underscore the powerful potential for the doctor–patient relationship in effective treatment, whether in chiropractic or traditional medicine. This factor should be recognised and accepted as an essential part of that process.

This study suggests that, although the theoretical basis of chiropractic is still unsubstantiated by traditional scientific evidence, none the less the intervention of a chiropractor in problems around neck and spine injuries was at least as effective as that of a physician, in terms of restoring the patient's function and satisfying the patient. Such a study illustrates the difficulties of measuring, or even defining, good-quality care. It may well be that any practitioner, regardless of his discipline, who is responsive to the emotional needs of the patient could achieve equal results; this is beyond the scope of the research described here.

We suggest that the results of this study indicate a need for further research, preferably in the form of a randomised clinical trial, to establish the validity of chiropractic care. As the storm clouds darken in the clash between organised medicine and chiropractic, it is imperative that definitive data replace impassioned statements. Perhaps the new regulations proposed under PL 92–603 will provide the means to conduct such studies.

© Reprinted by permission of the publisher.

REFERENCES

1. Kuby, A. M. Master's thesis, University of Chicago, 1965.
2. Ballantine, H. T., Jr. *New Engl. J. Med.* 1972, 286, 237.
3. Crelin, E. S. *Am. Sci.* 1973, 61, 574.
4. Bush, J. W. *Am. J. publ. Hlth*, 1971, 61, 2362.
5. Hulka, B. S., Zyzanski, S. J., Cassel, J. C., Thompson, S. J. *Med. Care*, 1970, 8, 428.
6. Pilowsky, I. *Br. J. Psychiat.* 1967, 113, 89.
7. Dintenfass, J. *Med. Care*, 1973, 11, 40.
8. Myers, B. A., Badgley, R. F., Sabatier, J. A., Jr. *ibid.* p. 436.
9. Bellin, L. E. *ibid.* p. 441.
10. Stanford Research Institute. Chiropractic in California. Los Angeles, 1960.
11. Koos, E. in Patients, Physicians, and Illness (edited by E. G. Jaco), p. 113. Glencoe, 1958.
12. Cobb, B. *Psychol. Bull.* 1954, 3, 339.
13. Entralgo, P. L. Doctor and Patient. New York, 1969.
14. Balint, M. Doctor, Patient, and Illness. New York, 1957.
15. Kane, R. L., Deuschle, K. W. *Med. Care*, 1967, 5, 200.
16. Francis, V., Korsch, B. M., Morris, M. J. *New Engl. J. Med.* 1969, 280, 535.
17. Bloom, S. W. The Doctor and His Patient. New York, 1965.

A Study of Time Loss Back Claims

Workmen's Compensation Board, State of Oregon

Because back injuries seem to be a continuing perplexity to the professions, the insurers, the employers, and the agencies who administer workmen's compensation laws, this study of a limited number of claims was initiated.

This study began one year prior to the writing of this paper. Initially all time loss back injury claims received in our Compliance Division for a period of one month were examined and certain basic information was recorded.

One year later these same claims were re-examined. There are a total of 237 claims in this study. They are claims which are not complicated by other bodily injuries or illness. Thus, back injury in either the cervical, dorsal, or lumbar areas, or combinations thereof, is the essential problem.

The average age of these workmen is 40.16 years. The range of ages is from 17 years to 68 years. Breaking this down in age groups we see the following:

17 - 20	2.5%
20 - 30	22.0%
30 - 40	22.4%
40 - 50	24.9%
50 - 60	19.8%
60 - 70	6.3%
Unknown	2.1%

Thus we can see the bulk of these claimants fall into the 30-50 year category. They have approximately 15-35 years of working life remaining, in theory.

Twenty-eight of the claimants are females. This gives us approximately a 8:1 ratio of male:female claimants. The occupations of all claimants range from what can be considered sedentary to hard manual labor. Most claimants do manual labor of some form in their day to day jobs.

Time loss:

Examining the periods of time loss from work shows 66% of the workmen's claims are closed by the end of 8 weeks. A total of 81% of the claims are closed by the end of 41 weeks of time loss. The remaining 19% of the claims remain open after one year.

Thus it appears from this sample of back injury claims, we might expect four-fifths of our workmen will return to work within one year or less from the date of their injury. One fifth of our workmen will still be receiving time loss payments beyond one year from the day of injury.

Treatment and time loss:

The majority (212 workmen) were treated by various conservative methods. Surgery was performed on twenty-five claimants. Of these, eleven claims are now closed with less than one year of time loss. All eleven claimants had hemilaminectomies except one man who had a rhizotomy.

Fourteen workmen, or 56% of those operated, remain on time loss after one year from the day of injury. All but three had laminectomies. Two claimants had a laminectomy and fusion. One other workman received a spinal fusion.

Examining the forms of conservative therapy the majority received, it is interesting to note the results of those treated by chiropractic physicians.

A total of twenty-nine claimants were treated by no other physician than a chiropractor. 82% of these workmen resumed work after one week of time loss. Their claims were closed without a disability award.

Examining claims treated by the M.D., in which the diagnosis seems comparable to the type of injury suffered by the workmen treated by the chiropractor, 41% of these workmen resumed work after one week of time loss.

Disability awards:

Of the 193 claims closed prior to one year of time loss, 15.5% were granted permanent partial disability awards. Seen below is the distribution of awards.

Award	16°	32°	48°
Number of Claimants	7	15	8

A more detailed examination of the claims of those workmen receiving the greatest award of 48° was made and is shown in the following table. All but one are above the average age. No correlation exists between the degree of the award and time loss. Less than one half have had prior back injury.

Disability Awards of 48°

Age	Diagnosis	Treatment	Time Loss	Prior Inj.	Prior Award
57	Lumbosacral strain Degenerative arthritis	Conserv.	11 wks	No	Unknown
55	Strain. Degenerative disc disease	Conserv.	20 wks	Yes	No
45	Herniated intervertebral disc	Laminectomy	41 wks	No	Unknown
33	Compression fracture T-8, T-9	Conserv.	4 wks	Yes	No
46	Compression fracture L-2	Conserv.	40 wks	No	Unknown
58	Acute lumbosacral strain	Laminectomy	23 wks	No	Unknown
57	Herniated intervertebral disc	Laminectomy	20 wks	Yes	Unknown
55	Degenerative disc disease	Conserv.	27 wks	No	No

Open Claims:

a.) There are 19% of the claims in an open status after one year of time loss. The diagnosis given in 31% of these claims is Herniated Intervertebral Disc. Cervical, dorsal, or lumbar strain, or combinations thereof, is the diagnosis given in 50% of these claims. The remaining 19% have various diagnostic titles attached to the back injury.

Fourteen claimants have been treated surgically, as seen in the following table.

Laminectomy	- 11
Fusion	- 1
Laminectomy and fusion	- 2

The remaining thirty workmen are under conservative care.

b.) Treating physicians:

General practitioners are considered to be the initial or treating doctor in 47% of these claims. Orthopedics are the initial physician in 25%. The remainder show chiropractors, osteopathic physicians, neurosurgeons, surgeons and internists as the initial treating doctor.

c.) Consultants:

All but five of these forty-four workmen have been referred for consultation to one or more medical specialists. Orthopedists act as consultants 54.5% of the time. Neurosurgeons or neurologists are consultants in 31.8% of those referred.

d.) Rehabilitation:

Referral to the Workmen's Compensation Board's Physical Rehabilitation Center occurred in nine claims. Six of these workmen were referred on for vocational rehabilitation. Two workmen were apparently referred directly to DVR who did not enroll in P.R.C.

Of these six workmen considered as possible candidates for vocational rehabilitation, none are being trained. One was considered "functionally illiterate." One began training in graphic arts, but dropped the course and is wanting to become a truck driver. Another was considered untrainable. No vocational objective has been decided upon for another, at this time. One man was declared ineligible because of age, lack of training and job market. Finally, the sixth man was not referred because his disability was not found to be great enough. So it appears we have a 100% failure rate in this group of claimants.

Summary:

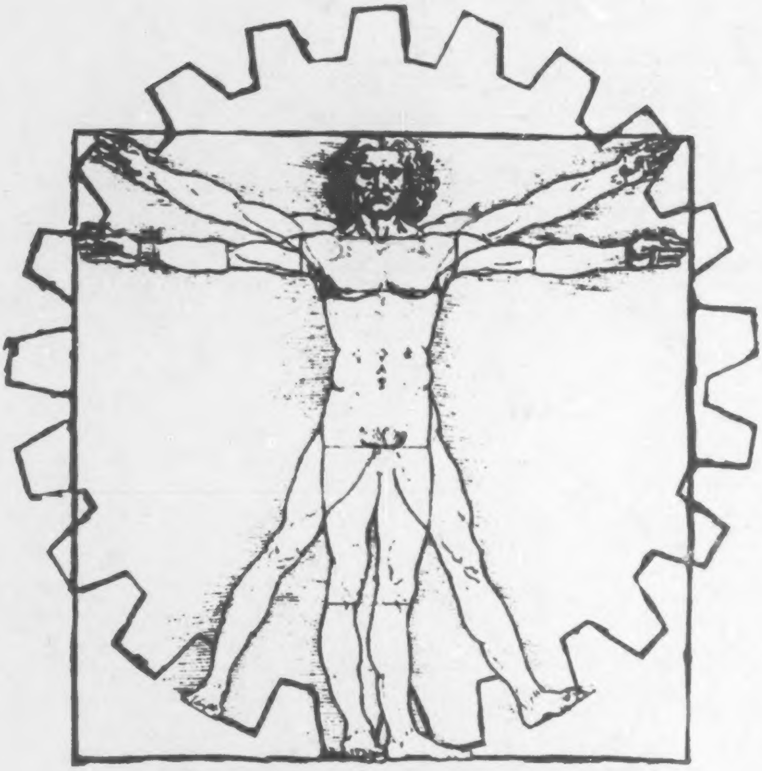
If we can use this sampling as an indicator, we can assume the average workman who injures his back at work will be about 40 years of age. He will probably receive conservative treatment. There is a 66% chance he will not lose more than eight weeks work, and there is only a 15% chance there will be any permanent partial disability resulting from his injury.

Of all the workmen who injure their backs at work, one-fifth will continue in a time loss status beyond one year. There is a 31% chance this group will undergo surgical treatment.

Utilization of our physical rehabilitation center occurred in 3.3% of these claimants, two-thirds of whom were referred for consideration of vocational rehabilitation. But, in this study, it was for naught.

Rolland A. Martin, M.D.
Medical Director
Workmen's Compensation Board

March 1971



INDEPENDENT STUDIES OF INDUSTRIAL BACK INJURIES

COMPILED BY THE
INTERNATIONAL CHIROPRACTORS ASSOCIATION

INDUSTRIAL BACK INJURY CARE: A COMPARISON OF METHODS

While an industrial back injury is certainly painful to the employee, it also creates problems for labor, management and insurance companies. It's to everyone's advantage to correct the back injury as quickly as possible. The question then arises as to which is the most efficient method of caring for industrial back injuries. Fortunately, we don't have to rely on mere opinion for the answer; several major studies of this very situation have already been made and are thoroughly documented.

While this booklet provides the basic details of some of the more important studies, they do deal solely with industrial back injuries. In passing, it should be noted that the back strains and sprains that plague industry can afflict anyone. The identical type of injuries can often be found in the housewife who lifts a heavy basket of clothes, the office worker who shovels snow from the walk, the weekend gardener, or in any number of commonplace activities. Obviously records are kept more thoroughly on industrial back injuries, but the same pattern could apply just as well to many other areas.

AN EARLY STUDY

While this study goes way back to 1949, and the costs and wages seem ludicrous by our current inflated standards, the pattern that emerges is one that has held up over the years. Back strain injuries then accounted for ten per cent of all lost time injuries, according to the National Safety Council. The results were obtained from Workmen's Compensation records, field reports and insurance companies, comparing the differences in four types of back injury care: chiropractic, osteopathy, medical non-hospital, and medical hospital. As previously mentioned, the costs of that time are difficult to relate to today's costs (the average wage of the workers in the study was $50.80 a week, for example.) The following shows the results of treatment by the four health care methods.

Number of Work Days Lost

	Workmen's Compensation	Insurance Companies*
Chiropractic	10.89	5.05
Osteopathy	11.50	5.93
Medical (Non-hosp.)	19.88	8.27
Medical (Hospital)	33.83	14.4

*Their figures reflect only those cases that required more than 7 days of treatment.

The field reports were compiled from chiropractors' records throughout the United States and Canada, and consequently make no comparisons with other types of treatment. However, there are certain findings that should be highlighted. Of those who visited a chiropractor, 48% lost no time from their job. There is another conclusion to be drawn: the sooner the injured worker went to the chiropractor, the more effective the treatment and the fewer the lost work days. Of those who went immediately to their chiropractor, 63% lost no time at all. There were only 36% who reported no lost work days if they waited more than 30 days before seeking chiropractic help. When you consider that an estimated 10 million work hours are lost each year because of back injuries, these findings are extremely important.

FLORIDA STUDY

In 1956 an independent research study of the records of the Florida Industrial Commission was made, covering all cases of sprains and strains of the neck, spinal column vertebrae and back (external). The total number of cases analyzed was 19,666. In this study comparisons were made between patients treated by medical doctors and chiropractors. All figures given are averages.

	Total Treatment Cost	Work Days Lost	Number of Treatments
Chiropractors	$ 60	3	9
Medical Doctors	$102	9	6

The same comparison was made of cases treated by chiropractors and those treated by specialists: orthopedists, neurologists and occasionally psychiatrists. All figures given are averages.

	Total Treatment Cost	Work Days Lost	Number of Treatments
Chiropractors	$ 59	2.5	8.6
Specialists	$299	30	18.1

The facts speak for themselves, especially when it is noted that strains and sprains are increasing in cost and frequency out of proportion to all other types of industrial injury.

OREGON STUDY

In 1971 another industrial back injury study was performed, using records of the Workmen's Compensation Board of the State of Oregon. While the sample was less than that reviewed in some of the other studies covered in this booklet, the findings are clearly of significance. There were 237 cases studied; of these, 25 underwent surgery (after one year, 14 of those remained on a time-loss basis). On non-surgical treatment for comparable types of diagnosis, 82% of those treated by chiropractors were able to resume work after one week of time lost, as opposed to 41% being able to go back to work full time after one week of time lost after being treated by medical doctors.

CALIFORNIA STUDY

C. Richard Wolf, M.D., utilizing records provided by the California Division of Labor Statistics and Research, in 1972 completed an independent study of back injuries which are routinely reported to the Division. Dr. Wolf's study was designed to compare time loss due to industrial back injury when treated by either a medical doctor or a chiropractor. The study was set up to deal with the next arriving 500 reports of back injuries treated by M.D.'s and the next 500 who sought chiropractic care. Each of the patients was contacted by mail and asked three questions regarding the treatment they had received. Of the 1,000 queried, 629 replied to the letters. The results are tabulated here.

	Aver. No. Work Days Lost	% Reporting Complete Recovery	% Reporting No Lost Work Time	% Losing Over 60 Work Days
Chiropractor	15.6	51	47.9	6.7
Medical Doctor	32	34.8	21	13.2

SUMMARY

We have now covered the facts as revealed by official records from people who could conceivably have no bias in the matter. They deal only in statistics. Ranging from 1949 through 1972 the conclusions are inescapable: chiropractic is far more effective in dealing with industrial back injuries. The records reach this inescapable conclusion without any additional comment being required.

A STUDY OF WISCONSIN INDUSTRIAL BACK INJURY CASES

August, 1978

completed by
Daniel J. Duffy, MBA
Market Research
University of Wisconsin—Madison

State of Wisconsin \ Department of Industry, Labor and Human Relations

OFFICE OF THE SECRETARY

Room 401 GEF-1
201 E. Washington Avenue
P.O. Box 7946
Madison, Wisconsin 53707
Telephone 608/266-7552

November 1, 1978

Mr. Del Beno
Executive Director
Wisconsin Chiropractic Association
22 South Carroll Street
Madison, Wisconsin 53703

Dear Mr. Beno:

After reading "A Study of Wisconsin Industrial Back Injury Cases," by Daniel J. Duffy, and reviewing the methodology with its author, my staff and I feel the study's results are most interesting. We agree with Mr. Duffy that it is "not deniable (that). . .the 'average' 1977 industrial back injury case treated by a chiropractor resulted in a shorter healing and compensation period, along with a lower medical and indemnity cost when compared to the 'average' medical case."

The issue of industrial back injuries, both in terms of prevention and treatment, is of great concern to my department. The potential importance of the issues your study raises could be of significance to Wisconsin's industry. I feel that your efforts into the assessment of back injury treatments merits further consideration and analysis.

Sincerely,

Zel S Rice II

Zel S. Rice II
Secretary

pb

State of Wisconsin \ OFFICE OF THE COMMISSIONER OF INSURANCE

HAROLD R. WILDE
COMMISSIONER

123 WEST WASHINGTON AVENUE
MADISON, WISCONSIN 53702

(608) 266 3585

Martin J. Schreiber
Governor

September 21, 1978

Mr. Del Beno
Executive Director
Wisconsin Chiropractic Association
22 South Carroll Street
Madison, Wisconsin 53703

Dear Mr. Beno:

I have read the study of Wisconsin Industrial Back Injury Cases which you referred to me, and discussed the methodology used with its author. Both he and I agreed that the study is limited in nature, and should only be referred to in its proper context (i.e., back injury cases, strain or sprain, etc). Appropriately understoo within that context, I see no reason to dispute the conclusion which the author reached based on his review of the Department of Industry and Human Relations data.

Sincerely,

Harold R. Wilde
Commissioner of Insurance

HRW:mal

October 16, 1978

Mr. Del Beno
Executive Director
Wisconsin Chiropractic Association
22 South Carroll Street
Madison, WI 53703

Dear Mr. Beno:

At this point there is more than one possible explanation for the differences between chiropractic and medical cases, but one of these possible explanations is that chiropractic treatment is superior for treatment of back injury and, therefore, results in fewer permanent partial injuries.

I cannot say which explanation may be the correct one. The only conclusion that I have drawn from the results of the study is one that is not deniable. The "average" 1977 industrial back injury case treated by a chiropractor resulted in a shorter healing and compensation period, along with a lower medical and indemnity cost when compared to the "average" medical case.

Sincerely,

Daniel J. Duffy

Daniel J. Duffy

DJD/bls

A STUDY OF WISCONSIN INDUSTRIAL BACK INJURY

This report summarizes a study of industrial back injury in Wisconsin during 1977. The study compared back injury cases treated by a chiropractor with similar cases that were treated by a medical doctor. All injuries were diagnosed as either back strain or sprain, occurred during 1977 and were closed (settled) before June 1, 1978. Compared were the compensation times under Wisconsin Worker's Compensation law, the healing periods recorded by the state Bureau of Research and Statistics, the medical expenses per case, and the indemnity amounts, or income replacement, that was provided to the injured party during the recovery period. The results indicate that cases treated by a chiropractor will have, on the average, a significantly shorter compensation time and healing period, and that chiropractic treatment results in lower medical expenses and lower indemnity amounts per case. These results replicate the outcomes of similar studies made in a number of other states, and are quite similar to the results of a California study in industrial back injury that was done by a medical doctor. Before presenting the results of this study, the procedures used to obtain the cases and figures will be discussed.

Methodology

The following procedure was used to ensure a random selection of cases, and random selection assures objectivity.

1. Since back fractures and cases which result in permanant total disability or death are treated by medical doctors, and since including these cases would put an upward bias on expenses and time lost for medical cases, these injuries were omitted. The Wisconsin Bureau of Research and Statistics then provided a listing of all 1977 cases diagnosed as strain or sprain. This listing contained all the necessary numbers and information except the name and type of treating practitioner. This name was recorded in a file.
2. It was anticipated that at least 200 chiropractic cases and 200 medical cases were needed for the study, and that some cases selected would be unusable because of missing or confused information, thus approximately 650 of the 10,000 back strain or sprain cases were randomly selected.
3. The selected cases were then checked individually in the Worker's Compensation filing room of the state office building. Any ambiguity or conflicting information on the treating practitioner within the record of a particular case resulted in the rejection of that case. Cases in which the treating practitioner was clearly recorded were accepted, and 130 chiropractic and 430 medical cases were recorded.
4. To generate the additional chiropractic cases that were needed, an additional sample of 500 was taken randomly from the remaining cases. Of these, 82 were treated by a chiropractor, bringing the total number of chiropractic cases to 212. Since the first sample found 430, additional medical cases. were not needed, and therefore not recorded.
5. The desired information from the 642 total cases was then tabulated by computer, with the means, medians and ranges of the four major variables (time lost,etc) determined for both the chiropractic and medical cases.

The above methodology has produced a sample of Wisconsin industrial back injury cases that is repsentative of all 1977 cases.

Findings

In terms of compensation times, the average number of days for a chiropractic case was 13.2, and this compares with 21.8 for cases treated by M.D.s. The longest compensation time recorded for a chiropractic case was 96 days, and the longest for a medical case was 351 days. Table I shows the frequency distributions of the compensation times for both chiropractic and medical cases.

The average healing period for a medical case was 18.3 days, while the average for a chiropractic case was 14.1 days. The ranges were from four to 96 days for chiropractic cases, and from one to 161 days for M.D. treated cases. Table II shows the frequency distributions of the healing periods for cases treated by both types of practitioners.

Medical expenses for chiropractic cases ranged from no cost to $2384, with an average expense of $145.64 per case. For cases treated by a medical doctor, the amounts ranged from no cost to $4110, with an average of $267.58 per case. Table III shows the frequency distributions for medical expenses.

For cases treated by an M.D., the average indemnity amount was $442.74, with a range from zero to $4457. The average indemnity amount for a chiropractic case was $285.92, and the amounts ranged from zero to $2300. Table IV gives the distributions of the indemnity amounts for both chiropractic and

M.D. treated cases.

One additional variable was tabulated, that being the incomes of the injured parties. Since the indemnity amounts are usually set at two-thirds of the lost income, the averages could have been biased if the incomes of one group were lower than the incomes of the other group. However, the average wage of a chiropractic patient was found to be almost exactly the same as that of an M.D.'s patient, so there was not a problem of bias.

At present no explanations are offered to explain the differences between the costs in both time and money of back injury cases treated by a medical doctor versus similar cases treated by a chiropractor. Tables I through IV are found on the following eleven pages.

TABLE I
COMPENSATION TIMES FOR CASES TREATED BY A CHIROPRACTOR

```
COMP

                 ADJ CUM                      ADJ CUM                      ADJ CUM
   CODE     FREQ PCT PCT     CODE      FREQ PCT PCT     CODE      FREQ PCT PCT

     1.       28  13  13      17.         4   2  76      33.         1   0  92
     2.       29  14  27      18.         7   3  80      34.         3   1  93
     3.        7   3  30      19.         3   1  81      36.         2   1  94
     6.        2   1  31      20.         3   1  83      39.         1   0  95
     7.       21  10  41      21.         3   1  84      44.         1   0  95
     8.       17   8  49      22.         2   1  85      48.         1   0  96
     9.       13   6  55      23.         2   1  86      50.         1   0  96
    10.        7   3  58      24.         3   1  87      53.         2   1  97
    11.        7   3  62      25.         2   1  88      57.         1   0  98
    12.        4   2  64      28.         2   1  89      63.         2   1  99
    13.        4   2  66      29.         1   0  90      73.         1   0  99
    14.        4   2  67      30.         2   1  91      94.         1   0 100
    15.        5   2  70      31.         1   0  91      96.         1   0 100
    16.       10   5  75      32.         1   0  92


MEAN           13.165       STD ERR        1.034      MEDIAN           8.654
MODE            2.000       STD DEV       15.051      VARIANCE       226.527
KURTOSIS        9.449       SKEWNESS       2.675      RANGE           95.000
MINIMUM         1.000       MAXIMUM       96.000

VALID CASES       212       MISSING CASES      0
```

TABLE I
COMPENSATION TIMES FOR CASES TREATED BY A MEDICAL DOCTOR

```
COMP
                ADJ CUM                    ADJ CUM                     ADJ CUM
    CODE   FREQ PCT PCT      CODE     FREQ PCT PCT     CODE       FREQ PCT PCT

      1.     35   8   8       27.        2   0  82      58.          1   0  94
      2.     38   9  17       28.        6   1  83      59.          1   0  94
      3.     17   4  21       29.        5   1  84      64.          1   0  94
      6.     10   2  23       30.        1   0  84      66.          1   0  94
      7.     27   6  30       31.        3   1  85      67.          3   1  95
      8.     23   5  35       32.        3   1  86      69.          2   0  96
      9.     20   5  40       33.        2   0  86      73.          2   0  96
     10.     13   3  43       34.        2   0  87      74.          1   0  96
     11.     14   3  46       35.        5   1  88      76.          1   0  97
     12.     19   4  50       36.        3   1  89      78.          1   0  97
     13.     18   4  54       37.        1   0  89      87.          1   0  97
     14.     12   3  57       38.        1   0  89      93.          1   0  97
     15.     18   4  61       39.        2   0  90      95.          1   0  97
     16.      9   2  63       40.        2   0  90     112.          1   0  98
     17.     15   3  67       41.        1   0  90     115.          1   0  98
     18.     11   3  70       42.        2   0  91     116.          1   0  98
     19.      7   2  71       44.        2   0  91     161.          1   0  98
     20.      6   1  73       45.        2   0  92     180.          1   0  99
     21.      8   2  74       47.        1   0  92     224.          1   0  99
     22.      5   1  76       48.        1   0  92     227.          1   0  99
     23.      5   1  77       50.        1   0  92     343.          1   0  99
     24.      7   2  78       51.        1   0  93     349.          2   0 100
     25.      7   2  80       53.        3   1  93     351.          1   0 100
     26.      5   1  81       54.        1   0  93

MEAN           21.826     STD ERR        1.949     MEDIAN         12.447
MODE            2.000     STD DEV       40.425     VARIANCE     1634.172
KURTOSIS       41.356     SKEWNESS       5.906     RANGE         350.000
MINIMUM         1.000     MAXIMUM      351.000

VALID CASES       430     MISSING CASES      0
```

TABLE II
HEALING PERIODS FOR CASES TREATED BY A CHIROPRACTOR

```
HEAL
                  ADJ  CUM                    ADJ  CUM                     ADJ  CUM
    CODE    FREQ  PCT  PCT     CODE     FREQ  PCT  PCT     CODE      FREQ  PCT  PCT

      4.      28   13   13      18.        7    3   80      34.         3    1   93
      5.      29   14   27      19.        3    1   81      36.         2    1   94
      6.       9    4   31      20.        3    1   83      39.         1    0   95
      7.      21   10   41      21.        3    1   84      44.         1    0   95
      8.      17    8   49      22.        2    1   85      48.         1    0   96
      9.      13    6   55      23.        2    1   86      50.         1    0   96
     10.       7    3   58      24.        3    1   87      53.         2    1   97
     11.       7    3   62      25.        2    1   88      57.         1    0   98
     12.       4    2   64      28.        2    1   89      63.         2    1   99
     13.       4    2   66      29.        1    0   90      73.         1    0   99
     14.       4    2   67      30.        2    1   91      94.         1    0  100
     15.       5    2   70      31.        1    0   91      96.         1    0  100
     16.      10    5   75      32.        1    0   92
     17.       4    2   76      33.        1    0   92

MEAN          14.071      STD ERR          .989     MEDIAN           8.654
MODE           5.000      STD DEV        14.405     VARIANCE       207.516
KURTOSIS      10.971      SKEWNESS        2.953     RANGE           92.000
MINIMUM        4.000      MAXIMUM        96.000

VALID CASES      212      MISSING CASES       0
```

TABLE II

HEALING PERIODS FOR CASES TREATED BY A MEDICAL DOCTOR

```
HEAL
                 ADJ  CUM                        ADJ  CUM                         ADJ  CUM
   CODE    FREQ  PCT  PCT      CODE     FREQ  PCT  PCT       CODE      FREQ  PCT  PCT

     0.       1    0    0       25.        7    2   80        49.         1    0   93
     4.      35    8    8       26.        5    1   82        50.         1    0   93
     5.      38    9   17       27.        2    0   82        51.         2    0   94
     6.      27    6   23       28.        6    1   83        53.         3    1   94
     7.      27    6   30       29.        5    1   85        54.         1    0   95
     8.      23    5   35       30.        1    0   85        55.         1    0   95
     9.      20    5   40       31.        3    1   86        58.         1    0   95
    10.      13    3   43       32.        3    1   86        59.         1    0   95
    11.      14    3   46       33.        2    0   87        64.         2    0   96
    12.      19    4   50       34.        2    0   87        66.         1    0   96
    13.      19    4   55       35.        5    1   88        67.         3    1   97
    14.      12    3   58       36.        3    1   89        69.         2    0   97
    15.      18    4   62       37.        1    0   89        73.         2    0   98
    16.       9    2   64       38.        1    0   90        74.         2    0   98
    17.      15    3   67       39.        2    0   90        76.         1    0   98
    18.      11    3   70       40.        2    0   90        78.         1    0   99
    19.       7    2   72       41.        1    0   91        87.         1    0   94
    20.       6    1   73       42.        2    0   91        93.         1    0   99
    21.       8    2   75       44.        2    0   92        95.         1    0   99
    22.       5    1   76       45.        2    0   92       112.         1    0  100
    23.       5    1   77       47.        2    0   93       116.         1    0  100
    24.       7    2   79       48.        1    0   93       161.         1    0  100

MEAN            18.302      STD ERR          .907      MEDIAN          12.395
MODE             5.000      STD DEV        18.813      VARIANCE       353.918
KURTOSIS        12.163      SKEWNESS        2.917      RANGE          161.000
MINIMUM           .000      MAXIMUM       161.000

VALID CASES        430      MISSING CASES       0
```

TABLE III
MEDICAL EXPENSES FOR CASES TREATED BY A CHIROPRACTOR

```
MEDIC

                  ADJ CUM                   ADJ CUM                   ADJ CUM
    CODE     FREQ PCT PCT    CODE     FREQ PCT PCT    CODE     FREQ PCT PCT

      0.       17   8   8     80.        1   0  36    131.        1   0  68
      8.        1   0   8     81.        3   1  38    134.        2   1  69
     10.        1   0   9     82.        1   0  38    136.        3   1  70
     15.        1   0   9     83.        2   1  39    138.        1   0  71
     16.        2   1  10     84.        1   0  40    139.        2   1  72
     18.        1   0  11     87.        3   1  41    144.        2   1  73
     31.        1   0  11     88.        2   1  42    152.        1   0  73
     34.        2   1  12     89.        1   0  42    156.        1   0  74
     35.        2   1  13     90.        3   1  44    157.        1   0  74
     36.        1   0  14     91.        1   0  44    158.        2   1  75
     37.        1   0  14     94.        4   2  46    164.        1   0  75
     39.        1   0  15     95.        3   1  48    167.        1   0  76
     40.        1   0  15     96.        3   1  49    171.        1   0  76
     41.        1   0  16     99.        2   1  50    172.        1   0  77
     44.        1   0  16    100.        1   0  50    177.        1   0  77
     45.        2   1  17    101.        1   0  51    183.        1   0  78
     48.        1   0  17    102.        1   0  51    185.        2   1  79
     49.        2   1  18    103.        1   0  52    189.        1   0  79
     50.        2   1  19    104.        2   1  53    192.        1   0  80
     51.        1   0  20    106.        1   0  53    194.        1   0  80
     53.        1   0  20    107.        1   0  54    200.        1   0  81
     54.        1   0  21    108.        1   0  54    203.        1   0  81
     55.        2   1  22    109.        1   0  55    207.        2   1  82
     56.        1   0  22    110.        1   0  55    209.        1   0  83
     57.        2   1  23    113.        2   1  56    210.        1   0  83
     58.        2   1  24    114.        1   0  57    214.        1   0  83
     61.        2   1  25    115.        1   0  57    215.        1   0  84
     62.        2   1  26    116.        1   0  58    216.        2   1  85
     63.        1   0  26    117.        1   0  58    220.        1   0  85
     64.        2   1  27    118.        2   1  59    222.        1   0  86
     65.        1   0  28    120.        1   0  59    226.        2   1  87
     66.        1   0  28    121.        1   0  60    234.        1   0  87
     68.        1   0  29    122.        4   2  62    239.        1   0  88
     70.        2   1  30    123.        2   1  63    242.        2   1  89
     71.        1   0  30    124.        2   1  64    246.        2   1  90
     74.        2   1  31    125.        2   1  65    251.        1   0  90
     75.        2   1  32    126.        1   0  65    253.        1   0  91
     76.        4   2  34    127.        1   0  66    255.        1   0  91
     77.        2   1  35    128.        2   1  67    265.        1   0  92
     78.        1   0  35    129.        1   0  67    272.        1   0  92
     79.        1   0  36    130.        1   0  67    277.        1   0  92
    305.        1   0  93    385.        1   0  96    766.        1   0  99
    314.        1   0  93    415.        1   0  96    844.        1   0  99
    315.        1   0  94    511.        1   0  97   1419.        1   0 100
    326.        1   0  94    515.        1   0  97   2384.        1   0 100
    346.        1   0  95    517.        1   0  98
    350.        1   0  95    732.        1   0  98

MEAN            145.637     STD ERR        14.813     MEDIAN          99.500
MODE               .000     STD DEV       215.684     VARIANCE     46519.802
KURTOSIS         60.772     SKEWNESS        6.766     RANGE         2384.000
MINIMUM            .000     MAXIMUM      2384.000

VALID CASES         212     MISSING CASES       0
```

TABLE III

MEDIC MEDICAL EXPENSES FOR CASES TREATED BY A MEDICAL DOCTOR

CODE	FREQ	ADJ PCT	CUM PCT	CODE	FREQ	ADJ PCT	CUM PCT	CODE	FREQ	ADJ PCT	CUM PCT
0.	25	6	6	51.	1	0	33	97.	3	1	54
5.	1	0	6	52.	2	0	33	98.	1	0	54
7.	1	0	6	53.	3	1	34	100.	1	0	55
8.	2	0	7	54.	2	0	34	101.	1	0	55
10.	8	2	9	55.	1	0	34	103.	1	0	55
11.	2	0	9	57.	1	0	35	104.	2	0	56
12.	3	1	10	58.	3	1	35	105.	1	0	56
14.	3	1	10	59.	2	0	36	106.	1	0	56
15.	5	1	12	60.	2	0	36	107.	3	1	57
16.	1	0	12	61.	3	1	37	108.	2	0	57
17.	4	1	13	62.	2	0	37	109.	2	0	58
18.	5	1	14	64.	2	0	38	110.	1	0	58
19.	5	1	15	65.	2	0	38	111.	3	1	59
20.	5	1	16	66.	4	1	39	112.	2	0	59
21.	1	0	17	67.	2	0	40	113.	1	0	59
22.	2	0	17	69.	1	0	40	114.	1	0	60
23.	2	0	17	70.	3	1	41	115.	2	0	60
24.	3	1	18	71.	3	1	41	116.	1	0	60
25.	3	1	19	72.	1	0	42	117.	1	0	60
26.	5	1	20	73.	1	0	42	118.	1	0	61
28.	2	0	20	74.	2	0	42	121.	1	0	61
30.	6	1	22	75.	2	0	43	123.	2	0	61
31.	3	1	23	76.	3	1	43	124.	1	0	62
32.	2	0	23	77.	4	1	44	126.	2	0	62
33.	1	0	23	78.	1	0	45	127.	1	0	62
34.	3	1	24	79.	2	0	45	128.	1	0	63
35.	3	1	25	80.	6	1	47	132.	1	0	63
36.	2	0	25	81.	4	1	47	135.	1	0	63
37.	1	0	25	82.	3	1	48	137.	2	0	63
38.	3	1	26	83.	1	0	48	138.	1	0	64
39.	2	0	27	85.	1	0	49	139.	4	1	65
40.	3	1	27	86.	2	0	49	140.	3	1	65
41.	2	0	28	87.	1	0	49	142.	2	0	66
42.	5	1	29	88.	1	0	50	143.	1	0	66
43.	5	1	30	90.	4	1	50	146.	1	0	66
45.	5	1	31	91.	1	0	51	149.	1	0	67
46.	1	0	31	92.	2	0	51	150.	2	0	67
47.	1	0	32	93.	1	0	51	151.	1	0	67
48.	1	0	32	94.	2	0	52	153.	1	0	67
49.	1	0	32	95.	3	1	53	156.	1	0	68
50.	1	0	32	96.	4	1	53	157.	2	0	68

TABLE III CONTINUED

```
MEDIC
                  ADJ CUM                     ADJ CUM                      ADJ CUM
   CODE     FREQ  PCT PCT     CODE      FREQ  PCT PCT      CODE     FREQ   PCT PCT

   158.        1    0  68     281.         1    0  81      857.        1    0  91
   159.        1    0  69     292.         1    0  81      858.        1    0  91
   160.        1    0  69     296.         1    0  82      939.        1    0  91
   162.        2    0  69     302.         2    0  82      947.        1    0  92
   165.        2    0  70     304.         1    0  82      955.        1    0  92
   167.        1    0  70     307.         1    0  83     1024.        1    0  92
   174.        2    0  70     317.         1    0  83     1088.        1    0  92
   176.        2    0  71     324.         1    0  83     1113.        1    0  93
   178.        2    0  71     326.         1    0  83     1124.        1    0  93
   180.        2    0  72     346.         1    0  83     1145.        1    0  93
   182.        1    0  72     361.         1    0  84     1187.        1    0  93
   183.        1    0  72     362.         1    0  84     1213.        1    0  93
   187.        2    0  73     366.         1    0  84     1230.        1    0  94
   189.        1    0  73     376.         1    0  84     1250.        1    0  94
   190.        1    0  73     384.         1    0  85     1285.        1    0  94
   192.        1    0  73     388.         1    0  85     1317.        1    0  94
   193.        1    0  74     392.         1    0  85     1361.        1    0  95
   200.        2    0  74     394.         1    0  85     1374.        1    0  95
   214.        1    0  74     404.         1    0  86     1448.        1    0  95
   216.        2    0  75     427.         1    0  86     1503.        1    0  95
   218.        1    0  75     429.         1    0  86     1515.        1    0  96
   219.        1    0  75     432.         1    0  86     1620.        1    0  96
   220.        2    0  76     441.         1    0  87     1667.        1    0  96
   222.        1    0  76     442.         1    0  87     1676.        1    0  96
   224.        3    1  77     445.         1    0  87     1714.        1    0  97
   225.        2    0  77     463.         1    0  87     1792.        1    0  97
   231.        1    0  77     464.         1    0  87     1798.        1    0  97
   239.        1    0  78     474.         1    0  88     1952.        1    0  97
   245.        1    0  78     486.         1    0  88     2000.        1    0  97
   246.        1    0  78     494.         1    0  88     2082.        1    0  98
   249.        1    0  78     513.         1    0  88     2131.        1    0  98
   252.        1    0  79     523.         1    0  89     2137.        1    0  98
   255.        1    0  79     526.         1    0  89     2138.        1    0  98
   257.        1    0  79     544.         1    0  89     2174.        1    0  99
   260.        1    0  79     547.         1    0  89     2294.        1    0  99
   266.        2    0  80     558.         1    0  90     2407.        1    0  99
   268.        1    0  80     605.         1    0  90     2770.        1    0  99
   271.        1    0  80     663.         1    0  90     2787.        1    0 100
   274.        1    0  80     668.         1    0  90     3352.        1    0 100
   275.        1    0  81     749.         1    0  90     4110.        1    0 100
   280.        1    0  81     768.         1    0  91

   MEAN          267.581      STD ERR        24.947        MEDIAN        90.000
   MODE             .000      STD DEV       517.312        VARIANCE  267611.918
   KURTOSIS       15.107      SKEWNESS        3.588        RANGE       4110.000
   MINIMUM          .000      MAXIMUM      4110.000

   VALID CASES       430      MISSING CASES       0
```

```
                  TABLE IV
INDEM             INDEMNITY AMOUNTS FOR CASES TREATED BY A CHIROPRACTOR
                     ADJ  CUM                            ADJ  CUM                            ADJ  CUM
     CODE     FREQ   PCT  PCT      CODE     FREQ   PCT  PCT      CODE     FREQ   PCT  PCT

       0.       10     5    5      126.        1     0   38      273.        1     0   63
      12.        1     0    5      135.        1     0   39      277.        1     0   64
      14.        1     0    6      151.        1     0   39      284.        5     2   66
      15.        1     0    6      159.        1     0   40      291.        1     0   67
      16.        1     0    7      160.        1     0   40      294.        1     0   67
      18.        2     1    8      161.        1     0   41      304.        1     0   67
      20.        3     1    9      163.        1     0   41      309.        1     0   68
      21.        3     1   10      165.        1     0   42      315.        4     2   70
      22.        1     0   11      166.        1     0   42      317.        1     0   70
      23.        2     1   12      169.        1     0   42      322.        1     0   71
      24.        1     0   12      173.        1     0   43      332.        1     0   71
      26.        1     0   13      177.        2     1   44      333.        1     0   72
      27.        4     2   15      181.        2     1   45      347.        1     0   72
      28.        1     0   15      182.        1     0   45      351.        1     0   73
      31.        2     1   16      184.        1     0   46      353.        1     0   73
      32.        7     3   19      186.        2     1   47      368.        1     0   74
      33.        2     1   20      192.        1     0   47      372.        1     0   74
      34.        1     0   21      193.        1     0   48      378.        2     1   75
      38.        1     0   21      195.        1     0   48      385.        1     0   75
      39.        1     0   22      200.        1     0   49      387.        1     0   76
      42.        1     0   22      201.        1     0   49      395.        1     0   76
      45.        1     0   23      205.        1     0   50      399.        1     0   77
      48.        1     0   23      206.        1     0   50      406.        1     0   77
      49.        3     1   25      208.        1     0   50      407.        1     0   78
      50.        1     0   25      211.        1     0   51      410.        2     1   79
      52.        2     1   26      218.        1     0   51      423.        1     0   79
      58.        1     0   26      221.        3     1   53      434.        1     0   80
      59.        1     0   27      223.        1     0   53      439.        1     0   80
      61.        1     0   27      228.        1     0   54      441.        1     0   81
      63.        7     3   31      230.        1     0   54      444.        1     0   81
      68.        1     0   31      233.        1     0   55      464.        1     0   82
      72.        1     0   32      235.        1     0   55      473.        2     1   83
      82.        1     0   32      238.        1     0   56      497.        1     0   83
      88.        1     0   33      239.        1     0   56      504.        2     1   84
      89.        1     0   33      245.        2     1   57      530.        1     0   84
      92.        1     0   33      252.        7     3   60      532.        1     0   85
      95.        4     2   35      257.        1     0   61      535.        4     2   87
     103.        1     0   36      260.        1     0   61      560.        1     0   87
     107.        1     0   36      261.        1     0   62      563.        1     0   88
     117.        2     1   37      262.        1     0   62      599.        2     1   89
     120.        1     0   38      267.        1     0   63      616.        1     0   89
     627.        1     0   90      840.        2     1   94     1323.        1     0   98
     630.        2     1   91      846.        1     0   95     1346.        1     0   99
     661.        1     0   91      940.        1     0   95     1457.        1     0   99
     724.        1     0   92      945.        2     1   96     2187.        1     0  100
     729.        1     0   92      946.        1     0   97     2300.        1     0  100
     756.        2     1   93     1071.        1     0   97
     824.        1     0   93     1094.        1     0   98


MEAN          285.915       STD ERR        22.833       MEDIAN         206.500
MODE             .000       STD DEV       332.451       VARIANCE    110523.735
KURTOSIS       11.475       SKEWNESS        2.786       RANGE         2300.000
MINIMUM          .000       MAXIMUM      2300.000

VALID CASES       212       MISSING CASES       0
```

TABLE IV

INDEM

INDEMNITY AMOUNTS FOR CASES TREATED BY A MEDICAL DOCTOR

CODE	FREQ	ADJ PCT	CUM PCT	CODE	FREQ	ADJ PCT	CUM PCT	CODE	FREQ	ADJ PCT	CUM PCT
0.	11	3	3	83.	1	0	23	186.	2	0	36
3.	1	0	3	84.	1	0	23	187.	1	0	36
12.	2	0	3	86.	1	0	23	188.	1	0	36
14.	2	0	4	87.	1	0	24	189.	3	1	37
15.	1	0	4	94.	3	1	24	191.	1	0	37
17.	2	0	4	95.	1	0	25	193.	1	0	37
18.	2	0	5	103.	1	0	25	194.	2	0	38
19.	1	0	5	107.	2	0	25	202.	1	0	38
20.	2	0	6	113.	1	0	26	203.	2	0	38
21.	3	1	6	114.	1	0	26	206.	1	0	39
22.	5	1	7	117.	2	0	26	207.	2	0	39
23.	3	1	8	124.	3	1	27	208.	2	0	40
26.	2	0	9	127.	2	0	27	211.	3	1	40
28.	1	0	9	128.	1	0	28	212.	1	0	40
29.	3	1	10	129.	1	0	28	216.	1	0	41
30.	1	0	10	131.	1	0	28	218.	1	0	41
32.	11	3	12	133.	1	0	28	219.	1	0	41
33.	1	0	13	135.	1	0	29	220.	2	0	42
34.	1	0	13	137.	1	0	29	221.	7	2	43
38.	2	0	13	140.	1	0	29	222.	1	0	43
39.	1	0	13	142.	1	0	29	223.	1	0	44
40.	1	0	14	143.	1	0	30	224.	1	0	44
45.	1	0	14	144.	1	0	30	228.	1	0	44
46.	1	0	14	151.	2	0	30	230.	1	0	44
47.	2	0	15	152.	1	0	30	231.	1	0	45
49.	2	0	15	153.	1	0	31	232.	1	0	45
50.	2	0	16	155.	2	0	31	233.	1	0	45
51.	2	0	16	157.	1	0	31	235.	2	0	46
53.	1	0	16	158.	1	0	32	238.	1	0	46
54.	1	0	17	161.	1	0	32	239.	1	0	46
56.	2	0	17	163.	2	0	32	240.	1	0	46
57.	1	0	17	165.	2	0	33	246.	1	0	47
58.	4	1	18	166.	1	0	33	247.	1	0	47
60.	2	0	19	168.	1	0	33	249.	1	0	47
61.	2	0	19	169.	1	0	33	250.	3	1	48
62.	1	0	19	172.	1	0	34	251.	1	0	48
63.	10	2	22	174.	1	0	34	252.	3	1	49
65.	2	0	22	178.	1	0	34	253.	1	0	49
71.	1	0	22	179.	2	0	35	255.	1	0	49
81.	1	0	23	182.	1	0	35	259.	1	0	49
82.	1	0	23	185.	1	0	35	261.	1	0	50

TABLE IV CONTINUED

```
INDEM
                    ADJ CUM                      ADJ CUM                      ADJ CUM
    CODE       FREQ PCT PCT      CODE       FREQ PCT PCT      CODE       FREQ PCT PCT

    262.          1   0  50      374.          2   0  62      549.          1   0  76
    264.          1   0  50      376.          1   0  63      557.          1   0  76
    267.          2   0  50      378.          6   1  64      558.          1   0  76
    274.          2   0  51      382.          1   0  64      559.          1   0  77
    275.          1   0  51      383.          1   0  64      561.          1   0  77
    277.          1   0  51      384.          1   0  65      567.          3   1  77
    278.          1   0  52      389.          1   0  65      570.          1   0  78
    281.          1   0  52      400.          1   0  65      576.          1   0  78
    282.          2   0  52      407.          1   0  65      598.          2   0  78
    283.          2   0  53      409.          1   0  66      608.          1   0  79
    284.          5   1  54      410.          5   1  67      614.          1   0  79
    286.          1   0  54      420.          1   0  67      626.          1   0  79
    288.          1   0  54      430.          1   0  67      630.          5   1  80
    291.          1   0  55      432.          1   0  67      640.          2   0  81
    293.          1   0  55      433.          1   0  68      657.          1   0  81
    296.          1   0  55      434.          1   0  68      662.          5   1  82
    298.          3   1  56      436.          1   0  68      671.          1   0  82
    302.          1   0  56      437.          1   0  68      678.          1   0  83
    303.          1   0  56      440.          1   0  69      680.          2   0  83
    306.          1   0  57      444.          1   0  69      681.          1   0  83
    309.          1   0  57      448.          1   0  69      683.          1   0  83
    310.          1   0  57      452.          1   0  69      693.          2   0  84
    311.          1   0  57      454.          1   0  70      695.          1   0  84
    313.          1   0  57      460.          1   0  70      700.          1   0  84
    315.          1   0  58      461.          1   0  70      720.          1   0  85
    325.          1   0  58      463.          2   0  70      724.          1   0  85
    327.          1   0  58      469.          1   0  71      729.          1   0  85
    328.          1   0  58      472.          2   0  71      743.          1   0  85
    337.          1   0  59      473.          4   1  72      752.          1   0  86
    341.          1   0  59      476.          1   0  72      759.          1   0  86
    343.          1   0  59      477.          1   0  73      767.          1   0  86
    346.          1   0  59      490.          1   0  73      778.          1   0  86
    347.          1   0  60      491.          1   0  73      788.          3   1  87
    351.          1   0  60      493.          1   0  73      821.          1   0  87
    352.          1   0  60      504.          4   1  74      844.          2   0  88
    354.          1   0  60      507.          1   0  74      846.          1   0  88
    356.          2   0  61      514.          1   0  75      851.          1   0  88
    365.          1   0  61      522.          1   0  75      855.          1   0  88
    366.          1   0  61      523.          1   0  75      861.          1   0  89
    369.          2   0  62      536.          1   0  75      882.          3   1  89
    370.          1   0  62      537.          1   0  76      883.          1   0  90
```

TABLE IV CONTINUED

```
INDEM

                   ADJ  CUM                     ADJ  CUM                          ADJ  CUM
   CODE      FREQ  PCT  PCT     CODE      FREQ  PCT  PCT     CODE          FREQ  PCT  PCT

   896.        1     0   90     1132.       1     0   93     2157.           1     0   97
   909.        1     0   90     1133.       1     0   93     2220.           1     0   97
   914.        1     0   90     1260.       1     0   94     2323.           1     0   97
   918.        1     0   90     1298.       1     0   94     2331.           1     0   97
   939.        1     0   91     1386.       1     0   94     2363.           1     0   98
   979.        1     0   91     1418.       1     0   94     2374.           1     0   98
  1005.        1     0   91     1500.       1     0   95     2507.           1     0   98
  1023.        1     0   91     1506.       1     0   95     2529.           1     0   98
  1047.        1     0   92     1575.       1     0   95     2708.           1     0   99
  1056.        1     0   92     1669.       1     0   95     3030.           1     0   99
  1067.        1     0   92     1679.       1     0   96     3149.           1     0   99
  1071.        1     0   92     1764.       1     0   96     3343.           1     0   99
  1093.        1     0   93     2036.       1     0   96     3434.           1     0  100
  1117.        1     0   93     2079.       1     0   96     3884.           1     0  100
  1123.        1     0   93     2147.       1     0   97     4457.           1     0  100


MEAN          442.740     STD ERR      28.432     MEDIAN        264.500
MODE             .000     STD DEV     589.569     VARIANCE 347591.187
KURTOSIS       13.151     SKEWNESS      3.242     RANGE        4457.000
MINIMUM          .000     MAXIMUM    4457.000

VALID CASES       430     MISSING CASES     0
```

ICA
INTERNATIONAL CHIROPRACTORS ASSOCIATION
EXECUTIVE OFFICES

FACT SHEET ON CHIROPRACTIC

This Fact Sheet briefly describes the position of chiropratic in the health care delivery system of the United States.

I. State Licensing and Authorization

A. All 50 states, plus the District of Columbia and Puerto Rico, license and officially recognize chiropractic as a health profession.

B. All 50 states authorize chiropractic services as part of their workmen's compensation program.

C. Over three-fifths of the states, representing some 70% of the nation's population, require inclusion of chiropractic services under all commercial health and accident policies written in those states.

D. The National Conference of Insurance Legislators adopted a model bill for State health insurance programs, which defines "physician" to include doctor of chiropractic.

II. Federal Authorization and Recognition

A. For all Americans

1. Medicare
2. Medicaid
3. Vocational rehabilitation programs
4. Under the Internal Revenue Code, chiropractic health care is a "medical" deduction

B. Specifically for Federal employees and veterans

1. In Federal employee health benefit programs
2. In Federal employee workmen's compensation
3. GI Bill of Rights covers education in chiropractic colleges
4. The Veterans Administration is permitted by law to cover chiropractic services

C. Education

1. Chiropractic students are eligible for the Health Education Assistance Loan Program (HEAL), and chiropractic is included in the Department of Health and Human Services data collection program on the health professions.

2. Chiropractors are exempt (along with doctors of medicine, osteopathy, dentistry, and podiatry) from the accreditation and certification standards of the Consumer-Patient Radiation Health and Safety Act of 1981.

D. Research

1. As a result of Congressional funding of research in chiropractic, the National Institute on Neurological Disease and Stroke held a workshop on "The Research Status of Spinal Manipulative Therapy," February 2-4, 1975.

2. Congress has allocated funds, through the National Institutes of Health, for chiropractic research. This money has provided partial support for a decade-long study of chiropractic at the University of Colorado under the direction of Chung Ha Suh, Ph.D., Chairman of the Department of Engineering Design.

3. The Foundation for the Advancement of Chriopractic Tenets and Sciences completed in 1980 the first Congressionally mandated study on cost and utilization factors in chiropractic health care delivery.

E. Miscellaneous

1. Under the immigration law, aliens are admitted as students in order to study in chiropractic colleges.

2. The U.S. Public Health Service classifies doctors of chiropractic among "medical specialists and practitioners," and includes DC's in its Health Manpower Source Book.

III. Private Sector

A. Virtually all major commercial health insurance carriers include chiropractic in their private policies.

B. Major industrial employers, such as General Motors, have included chiropractic in their health plan for all employees. Substantial numbers of major international, national and local unions include chiropractic in their own health and welfare plans.

IV. Chiropractic Education and Services

A. The U.S. Department of Education officially recognizes the Council on Chiropractic Education as the chiropractic accrediting agency for chiropractic colleges. There are 16 schools of chiropractic nationally, with a total enrollment of 7,900 students in 1978.

B. To obtain a diploma as a Doctor of Chiropractic, a candidate must have two years of pre-professional college education and 4 years of resident instruction at a chiropractic college.

C. Total expenditures on chiropractic care were approximately $1.3 billion in 1978; about 130 million patient visits were received by the 23,000 Doctors of Chiropractic practicing in 1979.

V. Overseas

A. The goverment of New Zealand in 1979 released an extensive study on chiropractic which concluded that chiropractic is "remarkably safe and effective," and that "chiropractors are the only health practitioners who are necessarily equipped by their education and training to carry out spinal manual therapy."

B. The University of Toronto in 1980 conducted a study similar to the New Zealand Government's study on chiropractic and reached the same conclusions.

C. The First World Conference on Chiropractic will be held in Italy in 1982. AMong the topics presented at the Conference will be a study on the unique system of "Static" clinics in Italy where medical and chiropractic physicians consult on patient treatment and care.

ICA

INTERNATIONAL CHIROPRACTORS ASSOCIATION
EXECUTIVE OFFICES

EDUCATION OF A CHIROPRACTOR

All fifty states, plus the District of Columbia and Puerto Rico officially recognize chiropractic as a health profession. To obtain the Doctor of Chiropractic degree (D.C.), a candidate must have completed at least two years of preprofessional college education and four years of residential instruction at a chiropractic college. Standards for actual professional licensure of chiropractors vary from state to state.

The U.S. Department of Education officially recognizes the Council on Chiropractic Education (CCE) as the official accrediting agency for chiropractic colleges. There are currently 16 chiropractic colleges nationwide with a total enrollment of over 10,000 students. Attached are the CCE guidelines for the chiropractic education and the curriculum offered at Palmer Chiropractic College which is representative of the standard education taught at accredited and recognized chiropractic colleges.

STANDARD BASIC CURRICULUM FOR CHIROPRACTIC COLLEGES

The Federation of Chiropractic Licensing Boards adopted a resolution by unanimous vote at their annual meeting in Palm Springs, California, February 12, 1977, that stated that the purpose of a basic curriculum in the education of the chiropractic practitioner is to provide a thorough understanding of the structure and function of the human organism in health and disease.

The curriculum should provide a means for identifying deviations from normal structure and function, while providing the essential facts required for diagnosis, prognosis, and treatment of disease.

The curriculum shall encompass and shall be presented over a period of time as prescribed by the Council on Chiropractic Education or its equivalent as the official accrediting agency for the chiropractic profession approved by the United State Office of Education.

Current Educational Standards of the Council on Chiropractic Education require all candidates to furnish proof of having acquired at least two years (or 60 acceptable semester hours) leading to Baccalaureate Degree in the Arts and Sciences, including laboratory courses in biology and chemistry.

The curriculum shall be presented over a minimum period of eight semesters, or the equivalent, for a total of not less than 4,200 hours.

The Offerings should include the following disciplines:

> Human Anatomy, biochemistry, physiology,microbiology, pathology, public health, physical, clinical and laboratory diagnosis, gynecology, obstetrics, pediatrics, geriatrics, dermatology, otolaryngology, roentgenology, psychology, dietetics, orthopedics, physical therapy, emergency procedures, spinal analysis, principles and practice of chiropractic, adjustive technique, and other appropriate subjects.

The above standards are reviewed each year and are subject to revision as needs and circumstances change. For specific and more detailed information you are referred to the:

COUNCIL ON CHIROPRACTIC EDUCATION
3209 Ingersoll Avenue
Des Moines, Iowa 50312

Chiropractic Education

27

THE PROFESSIONAL CHIROPRACTIC EDUCATION
Classmates today – colleagues tomorrow. This is the reality and goal of the students of chiropractic at Palmer College.

As the student moves through studies leading to his chosen profession, he realizes that the education he is undergoing is much more broad than is evident in the comprehensive curriculum. The transition from his previous environment to that of the practicing chiropractor can come only through the formation and crystalization of certain personality characteristics, personal dedication to principles and technical skills.

These learned and developed traits and skills must be nurtured simultaneously, so each will augment the others as the student moves closer to graduation and entrance into the professional sphere.

Advanced physiology and other basic science subjects are woven into the curriculum to conform with the student's progress in technical skills and philosophical understanding of chiropractic.

This correlation of advancement in degrees of exposure to subject matter is further strengthened by the application of the combined knowledge and skills in the Palmer Clinics. There, the student doctor grows in wisdom and understanding of his professional obligations to the patient.

Sincere interest in the patient through patient management in addition to technical proficiency; lay explanation of scientific reasons for human malfunction, why a patient will respond almost immediately in some instances to chiropractic care and other cases may require much more time for recovery or improvement; these are some of the developed traits and abilities that become the mark of the professional person – the doctor of chiropractic.

The professional education in chiropractic differs sharply from an education in liberal arts or technology. The classmate sitting beside a student will not become an electronics engineer or high school teacher or drama coach; he too, will become a doctor of chiropractic. Thus, the common bond between future colleagues fosters a sharing of educational, socio-economic and cultural experiences that deepens their understanding of human relations.

Application of certain liberal arts skills, particularly in the area of communications, is fundamental in the professional education. The student not only receives information through visual and auditory channels, but communicates his understanding of curricular material in a variety of ways. Objective testing demands specific answers to specific questions, thus developing in the student the ability to communicate effectively. Essay examinations aid the student in exercising his ability to arrange thoughts and information in logical sequence and to express himself clearly in writing. Both types of examinations provide additional exercise and testing of the student's accurate use of the language of science.

The professional curriculum, then, together with experiences in human relations and development of individual skills in clinic and selected extracurricular activities, is designed to equip the graduate for the practice of chiropractic and for the responsibilities of a citizen in his community.

CHIROPRACTIC PHILOSOPHY

Chiropractic philosophy is an explanation of the fundamentals upon which the practice of chiropractic is based. In order to grasp these fundamental values, it is necessary to understand the anatomical structure of the body, and to know the primary functions of all body organs.

Each organ within the body has some function in the maintenance of life and health of the entire organism, and it must be coordinated with the needs and demands of the moment. Body organs are arranged in systems, so that they may carry out their mission. Thus, the body is an organization of these systems.

The state or organization found among the body organs and systems is maintained through the nervous system, and indicates the presence of an intellectual guiding entity – an inborn or innate intelligence.

How our organs function

The innate intelligence of the human body uses the brain and nervous system as a means of communication. An organ cannot function normally unless it receives a normal transmission of nerve impulses from the brain.

The vertebrae (or segments) of the spine give support for the trunk and protection to the spinal cord and nerves as they pass from the brain. They are held in location by ligaments and moved about by paired spinal muscles. Normal spinal movements, such as bending and twisting, are regulated by the nerve supply into the spinal muscles.

If a vertebra loses its normal range of movement, and is misaligned far enough to cause distortion of the spine, it may result in a disturbance with the normal transmission of the vital nerve supply from the brain, not only into the muscles the nerve may contact, but also into some other organ or system of organs in the body. This condition is referred to as *vertebral subluxation.*

THE PROFESSION OF CHIROPRACTIC

A subluxated vertebra, disturbing the normal nerve supply of an organ, brings about functional disease which may be followed by pathological disease.

The chiropractor, having established that a disease has been caused by a subluxated vertebra, directs his efforts to determining which vertebra is subluxated, and to the adjustment of this vertebra back to its normal range of movement. Following the adjustment, the normal nerve supply is restored to the organ or system of organs, and their normal function may be re-established.

Chiropractors, through careful analysis of the entire spine, may not only locate the subluxated vertebra, but through knowledge of nerve fiber distribution, may locate the region of the affected organ. They may then advise the patient about the nature of his symptoms, and suggest methods of care for the body while it is being restored to a normal state of health.

TRAINING IN CHIROPRACTIC

Chiropractic philosophy is based upon anatomical and physiological fact. Because of it, hundreds of thousands of people all over the world today enjoy better health after receiving care by their local doctors of chiropractic.

At the Palmer College of Chiropractic, the methods considered appropriate by our staff for locating and adjusting subluxated vertebrae are taught. Begun by Dr. Daniel David Palmer, Founder of chiropractic, the Chiropractic Philosophy at Palmer College was formalized by Dr. B. J. Palmer, Developer of chiropractic, and stresses the teachings of this man who was, until his death, the foremost authority in chiropractic.

Under his guidance, many successful chiropractors in the world today began their studies. Because of their philosophical background and their professional training, Palmer College graduates are sought in communities all over the world.

INTRODUCTORY COUNSELING
The Palmer College counseling program is designed to provide the student with systematic exposure to experiences leading to his personal adaptation to a professional education and the career for which he is preparing himself.

Before enrolling, counseling may start with the student consulting the Director of Admissions or one of his assistants. This professional aid is available to senior high school students, college students and others who wish to consider the chiropractic career opportunity before making final college plans.

ORIENTATION
New students arrive on campus several days before registration. They participate in orientation sessions planned by the Director of Admissions and the Student Council in cooperation with the faculty and administration.

Each new student may receive a chiropractic examination in the college clinic and is conducted on an extensive tour of the college campus and facilities.

Palmer College Four Year Curriculum

Leading to Doctor of Chiropractic Degree

FRESHMAN I	Hours	Credits
Anatomy—Myology A-110	48	4
Anatomy—Osteology A-111	72	6
Anatomy—Histology A-112	36	3
Anatomy—Embryology A-113	60	5
Chemistry—Organic C-111	60	5
Physiology—Control Systems Phys-5-111	48	4
Philosophy I 111	36	3
		30

FRESHMAN II		
Anatomy—Introduction to Chiropractic Science A-124	60	5
Anatomy—Splanchnology A-128	60	5
Anatomy—Genesiology/Angiology A-129	60	5
Chemistry—Biochemistry I C-122	60	5
Physiology—Cell Physiology Phys-122	60	5
Pathology—Microbiology P-121	60	5
		30

FRESHMAN III		
Anatomy—Central Neurology A-136	60	5
Chemistry—Biochemistry II C-133	60	5
Physiology—Digestion/Nutrition Phys-135	60	5
Pathology—General Pathology I P-133	60	5
Pathology—Hematology P-132	60	5
Technique Roentgenology I—T-131, R-131	60	4
		29
		89

SOPHOMORE I	Hours	Credits
Anatomy – Peripheral Neurology A-217	60	5
Chemistry – Chemistry Lab C-214	120	5
Physiology – Endocrinology Phys-214	60	5
Pathology – Subluxation Pathology P-214	60	5
Technique Roentgenology – T-R II, T-212, R-212	60	3
		23

SOPHOMORE II		
Anatomy – Dissection A-225	60	2.5
Physiology – Neurophysiology Phys-223	60	5
Physiology – Cardiovascular Phys 226	60	5
Pathology – General Pathology II P-225	60	5
Technique Roentgenology – T-R III, T-223, R-223	120	5.25
		22.75

SOPHOMORE III		
Anatomy – Special Senses A-2311	36	3
Chemistry – Physiological Chemistry and Toxicology C-235	60	5
Physiology – Renal and Pulmonary Phys 237	60	5
Pathology – Public Health and Sanitation P-236	120	10
Philosophy 232	24	2
Technique Roentgenology – T-R IV, T-234, R-234	60	2.75
		27.75
		73.50

JUNIOR I	Hours	Credits
Physiology – Correlative Physiology Lab Phys-318	60	5
Pathology – Cardiovascular Pathology P-317	60	5
Pathology – Gastrointestinal Pathology P-318	60	5
Pathology – Urogenital Pathology P-319	60	5
Roentgenology – Physics R-316	60	5
Technique Roentgenology – T-R V, T-315, R-315	60	3.25
		28.25

JUNIOR II		
Diagnosis – Physical Diagnosis Method D-321	144	9
Roentgenology – Positioning R-238	60	2.5
Clinic I, C-321	36	1.5
Technique Roentgenology T-RVI, T-326, R-326	120	5
		18

JUNIOR III		
Diagnosis – Roentgenology – D-R I	180	15
D-332, R-339	60	5
Philosophy 333	60	2.5
Clinic II, C-332	60	2.5
Technique – Review T-337		
		25
		71.25

SENIOR I	Hours	Credits
Anatomy – Clinical Anatomy A-4110	60	5
Diagnosis – Roentgenology – D-R II D-413, R-4110	120	10
Diagnosis – Obstetrics and Gynecology D-414	60	5
Diagnosis – Pediatrics and Febrile Disorders D-415	60	5
Clinic III C-413	60	2.5
		27.5

SENIOR II		
Diagnosis – Roentgenology – D-R III D-426, R-4211	60	5
Diagnosis – Eye, Ear, Nose, and Throat, Dermatology, and Endocrinology D-427	60	5
Roentgenology – Roentgenology Pathology Review R-4212	60	5
Clinic – Ethics and Jurisprudence C-425	60	5
Clinic IV C-424	120	5
		25

SENIOR III		
Diagnosis – Geriatrics D-439	60	5
Diagnosis – Dynamics of Behavior D-438	60	5
Philosophy 434	60	5
Clinic – Correlative Diagnosis C-437	60	2.5
Clinic V, C-436	120	5
		22.5
		75
		308.75

ANATOMY	Hours	Credits
Myology A-110	48	4
Osteology A-111	72	6
Histology A-112	36	3
Embryology A-113	60	5
Introduction to Chiropractic science A-124	60	5
Splanchnology A-128	60	5
Genesiology/Angiology A-129	60	5
Central Neurology A-136	60	5
Peripheral Neurology A-217	60	5
Dissection A-225	60	2.5
Special Senses A-2311	36	3
Clinical Anatomy A-4110	60	5
	672	53.5

PHYSIOLOGY AND CHEMISTRY

Physiology

Control Systems PHYS-111	48	4
Cell Physiology PHYS-122	60	5
Digestion/Nutrition PHYS-135	60	5
Endocrinology PHYS-214	60	5
Neurophysiology PHYS-223	60	5
Cardiovascular PHYS-226	60	5
Renal and Pulmonary PHYS-237	60	5
Correlative Physiology Lab PHYS-318	60	5
	468	39

Chemistry

Organic Chemistry C-111	60	5
Biochemistry I C-122	60	5
Biochemistry II C-133	60	5
Chemistry Lab C-214	120	5
Physiological Chemistry and Toxicology C-235	60	5
	360	25

PATHOLOGY	Hours	Credits
Microbiology P-121	60	5
Hematology P-132	60	5
General Pathology I P-133	60	5
Subluxation Pathology P-214	60	5
General Pathology II P-225	60	5
Public Health and Sanitation P-236	120	10
Cardiovascular Pathology P-317	60	5
Gastrointestinal Pathology P-318	60	5
Urogenital Pathology P-319	60	5
	600	50

CHIROPRACTIC PHILOSOPHY		
Philosophy 111	36	3
Philosophy 232	24	2
Philosophy 333	60	5
Philosophy 434	60	5
	180	15

TECHNIQUE		
Technique-Roentgenology I, T-131	24	1
Technique-Roentgenology II, T-212	36	1.5
Technique-Roentgenology III, T-223	108	4.5
Technique-Roentgenology IV, T-234	48	2
Technique-Roentgenology V, T-315	24	1
Technique-Roentgenology VI, T-326	100	4.4
Technique Review T-337	60	2.5
	400	16.9

ROENTGENOLOGY	Hours	Credits
Technique-Roentgenology I, R-131	36	3
Technique-Roentgenology II, R-212	24	1.5
Technique-Roentgenology III, R-223	12	.75
Technique-Roentgenology IV, R-234	12	.75
Technique-Roentgenology V, R-315	36	2.25
Technique-Roentgenology VI, R-327	20	.6
Physics R-316	60	5
Positioning R-326	60	2.5
Diagnosis-Roentgenology I, R-338	84	7
Diagnosis-Roentgenology II, R-419	36	3
Diagnosis-Roentgenology III, R-4210	12	1
Review R-4211	60	5
	452	32.35

DIAGNOSIS		
Physical Diagnosis Method D-321	144	9
Diagnosis-Roentgenology I, D-332	96	8
Diagnosis-Roentgenology II, D-413	84	7
Obstetrics and Gynecology D-414	60	5
Pediatrics and Febrile Disorders D-415	60	5
Diagnosis-Roentgenology III, D-426	48	4
Diagnosis 427	60	5
Dynamics of Behavior D-438	60	5
Geriatrics D-439	60	5
	672	53

CLINIC	Hours	Credits
Clinic I, C-321	36	1.5
Clinic II, C-332	60	2.5
Clinic III, C-413	60	2.5
Clinic IV, C-424	120	5
Ethics and Jurisprudence C-425	60	5
Clinic V, C-436	120	5
Correlative Diagnosis C-437	60	2.5
	516	24

ELECTIVE PROGRAM
Several elective courses are offered for those students wishing to explore specialized areas of practice procedures. Courses in special areas of chiropractic technique range from 60 to 120 classroom hours. Certification may be earned by passing a comprehensive examination in the area, and is required for utilization of the procedure in the outpatient clinic.

Tuition for offerings of the elective program are additional fees over and above regular tuition. Costs are comparable to individual courses in the core curriculum.

The right is reserved by the college to make changes in its program without notice when circumstances warrant such changes.

NOTE: Because of variation in licensure requirements in the 50 states of the United States and international jurisdictions, there may be instances of an occasional subject not taught by Palmer College of Chiropractic. This may, in turn, preclude licensure in a jurisdiction sought by a candidate. For individual state requirements, candidates are invited to address communications to the Department of Admissions or Department of Academic Affairs at Palmer College. Or, write the Federation of Chiropractic Licensing Boards, 331 East Carson Boulevard, Long Beach, California 90807 for the Official Directory of Chiropractic and Basic Science Examining Boards with Licensure and Practice Statistics.

Course Descriptions

FRESHMAN YEAR

Anatomy—Myology—4 hours per week A-110
The course undertakes a study of the muscular system of the body, excluding those muscles associated with the spinal column. General structure and action of muscles are studied, as well as an in-depth look at the individual muscles of the body.

Anatomy—Osteology and Syndesmology—6 hours per week A-111
A study of the skeletal system, including the spinal column, is undertaken. The osseous components of the body are studied in detail, including their structure and descriptive features. Ligaments and joints are classified and studied with emphasis upon the structural and integrative functions of the skeletal system and their relationship to the nervous system.

Anatomy—Histology—3 hours per week A-112
An introduction to the microanatomy of the human body. The study involves the structure of the cell, and cellular organization to form four basic tissues: epithelial, connective, muscular, and nervous tissue. The study is supplemented with a laboratory.

Anatomy—Embryology—5 hours per week A-113
A basic course dealing with genetics, fertilization, and developmental processes in human embryology. Consideration is given to the general pattern of reproduction of specific organ systems. Errors in development common in clinical practice are dealt with in detail. Course includes regularly scheduled laboratories.

Chemistry—Organic—5 hours per week C-111
A preprofessional introductory course in organic chemistry covering both the aliphatic and arumatic compounds. Particular emphasis is placed upon classes of compounds essential to the study of biochemistry.

Physiology—Control Systems—4 hours per week Phys-111
This course is a general introduction to the study of human physiology from the viewpoint of biological controls. Special attention is focused

on the internal environment, homeostasis, and their control by the nervous and hormonal systems.

Philosophy III – 3 hours per week
A rational philosophy, based upon application of the scientific method, is the common foundation of any clinical science. This course represents a comprehensive introduction to the principles upon which the practice of chiropractic is based. The student is taught to develop a perspective on the dynamics of health and disease which will enable him to draw logical conclusions and make rational judgments in clinical practice.

Anatomy – Introduction to Chiropractic Sciences –
5 hours per week A-124
The course is developed around the anatomy of the spine, with specific reference to the application of anatomical knowledge to the practice of chiropractic. The students are encouraged to become involved in the study of spinal anatomy, specifically by the extensive use of 3-dimensional slides. The course includes regularly scheduled labs in osseus identification.

Anatomy – Splanchnology – 5 hours per week A-128
The course entails a detailed study of the anatomy of the digestive and respiratory systems of the human body. Course includes regularly scheduled labs on macro and micro structures.
(Prerequisites: A-112, A-113)

Anatomy – Genesiology and Angiology
5 hours per week A-129
An in-depth course in the anatomy of the cardiovascular, reproductive, urinary and lymphatic systems. Lectures are supplemented with visual aids and cadaver specimens. Emphasis is placed upon the interrelationships of the various systems of the body. Scheduled laboratories focus upon macro and micro anatomy. (Prereq: A-112, A-113)

Chemistry – Biochemistry I – 5 hours per week C-122
A lecture course devoted to the chemistry of carbohydrates, lipids, proteins, blood, and other fluids of the body. Emphasis is placed on the fundamentals of chemistry, and their application to the living organism.

Physiology – Cell Physiology – 5 hours per week Phys 122
An in-depth study of cellular function. The student also is introduced to concepts of cellular biochemistry. Special types of body cells are also considered.

Pathology – Microbiology – 5 hours per week P-121
The basic principles of microbiology are introduced along with the concepts of pathophysiology and disease including organisms. The relationship between virulency of the organism and resistance of the host is stressed as a paramount factor in the disease process.

Anatomy – Neurology – Central Nervous System –
5 hours per week A-136
Course deals with a detailed study of brain and spinal cord. Emphasis is placed upon the physiological organization of brain and spinal cord and their involvement in the practice of Chiropractic science.
(Prerequisites: A-112, A-113)

Chemistry – Biochemistry II – 5 hours per week C-133
An in-depth study of the metabolic processes is followed by an introduction to pathological chemistry and physiology. Emphasis is placed upon changes in the blood and urine which reflect abnormal metabolic processes.

Physiology – Digestion/Nutrition – 5 hours per week Phys 135
An integrative course including studies of the physiology and biochemistry of digestion, absorption, and utilization of food with emphasis on the clinical aspects of nutrition.

Pathology – Elements of General Pathology I –
5 hours per week P-133
The investigation of those pathological mechanisms common to all tissues – cell pathology and histopathology. Special attention is paid to the processes of cellular adaptation, inflammation, repair and neoplasias.

Pathology – Hematopoetic and Lymphatic System Pathology –
5 hours per week P-132
Normal aspects of blood as well as blood and lymphatic dyscrasias are discussed. A consideration of the antigen-antibody reaction and diseases of immunity follows. The course is completed by a study of fluid and hemodynamic derangements and collagen diseases.

Technique Roentgenology – TR-1
3 hours per week R-131
This is an introductory course exposing the student to: the properties of ionizing radiation, the structure and function of the x-ray tube, radiation safety, radiographic equipment and principles of processing.

Technique Roentgenology – TR-1 – Technique
2 hours per week T-131
Basic x-ray work, basic palpation skills, posture analysis, finding anatomical landmarks of the spine.

SOPHOMORE YEAR

Anatomy – Neurology – Peripheral Nervous System –
5 hours per week A-217
The course deals with cranial nerves, their central connections in the brain system, and their distribution. Subsequent studies are on the spinal nerves and their peripheral distribution. Nerve interference causing dysfunction and potential disease processes are emphasized. (Prerequisite: A-137)

Chemistry – Chemistry Lab – 10 hours per week C-214
Clinical biochemistry is the main topic dealt with in this lab course. The student is introduced to laboratory procedures in biochemistry, urinalysis, hematology, etc. Emphasis is placed on the interpretation of laboratory results and their place in clinical chiropractic.

Physiology – Endocrinology – 5 hours per week Phys 214
A comprehensive study of endocrine disorders. The role of the endocrine system in maintaining homeostasis, and the relationship of the nervous system to the endocrine system are explored in detail.

Pathology – Subluxation Pathology – 5 hours per week P-214
The mechanisms of production of pathologies by the subluxation are studied in this course from the aspect of physiology and pathophysiology. Attention is given to central versus peripheral neurological effects as well as pain syndromes, visceral dysfunction and visceral pathology.

Technique – Roentgenology – TR-II –
5 hours per week T-212, R-212
Reinforces spinal palpation skills of the upper cervical region, upper cervical x-ray analysis, upper cervical adjusting procedures.

Anatomy – Human Dissection –
5 hours per week A-225
A course in human dissection, involving complete dissection of human cadavers. All systems are studied, with particular emphasis on the relationships between the musculo-skeletal and the nervous system. (Prerequisites: A-110, 111, 124, 129, 136, 217)

Physiology – Neurophysiology – 5 hours per week Phys 223
A course dealing with the function of the nervous system, with particular emphasis placed upon the relationship of the nervous system to the clinical science of chiropractic. The course includes studies of the history of the neuron, the fundamentals of nerve impulse generation and conduction the reflex arc and more complex neuronal circuits. The function of the pyramidal and extrapyramidal systems, and the vestibular and reticular systems, and their roles in disease processes are thoroughly presented.

Physiology – Cardiovascular –
5 hours per week Phys 226
This course deals with the fundamental mechanisms of the cardiovascular system. Special emphasis is given to its role as one of the major control systems in maintaining homeostasis.

Pathology – Elements of General Pathology II –
5 hours per week P-225
The course content includes a study of systemic and deficiency, genetic infectious diseases and chemical, physical and environmental aggression.

Technique – Roentgenology – TR-III –
10 hours per week T-223, R-223
Reinforces palpation skills, basic spinal mechanics, cervical x-ray analysis, cervical adjusting procedures, orthopedic and neurologic examination for the cervical spine, instrumentation.

Anatomy—Special Senses—3 hours per week A-2311
This course deals with the anatomy, physiology and pathology of conditions affecting the senses of smell, touch, taste, hearing and equilibrium. The student is taught to correlate his knowledge of anatomy, physiology and pathology, in preparation for him to apply it on a practical level, commensurate with the needs of the patient.
(Prerequisites: A-112, A-113)
A lecture and laboratory course which deals in depth with the physiological and clinical aspects of the cardiovascular, respiratory and renal systems. Emphasis is placed on the integrative roles of these systems and the impact they have on the total health of the individual.

Chemistry—Physiological Chemistry and Toxicology—
5 hours per week C-235
A correlative study of human physiology approached from the biochemical viewpoint. In addition, the subject of toxicology is discussed in detail.

Physiology—Renal and Pulmonary—
5 hours per week Phys-237
This course deals in depth with the mechanisms of respiratory and renal physiology. Emphasis is placed on the integrative roles of these systems in maintaining homeostasis.

Pathology—Public Health—10 hours per week P-236
This course deals with major aspects of public health including the principles of disease control, communicable diseases, public health organizations and parasitology.

Philosophy—Chiropractic Philosophy - 232
2 hours per week
The course embraces a review of the basic philosophical tenets covered in freshman philosophy. It also exposes the student to the definitions of philosophy as recorded by many of the noted philosophers of the past; further, classroom discussions are encouraged to examine the relevancy and similarities of these general philosophies to chiropractic philosophy.

Technique—Roentgenology—TR-IV—
5 hours per week T-234, R-234
Reinforces palpation skills, reinforces spinal mechanics, thoracic x-ray analysis, thoracic adjusting procedures, orthopedic and neurologic examination for the thoracic spine, instrumentation.

JUNIOR YEAR

Physiology—Correlative Physiology Laboratory—
5 hours per week Phys-318
This course provides the student with a laboratory experience in certain clinically significant areas of neurophysiology and cardio-renal-pulmonary physiology.

Pathology—Cardiovascular and Pulmonary Pathology—
5 hours per week P-317
The concepts of basic pathology are applied as they relate to specific conditions of the cardiovascular and pulmonary systems. Clinical considerations are emphasized.

Pathology—Gastrointestinal and Genitourinary Pathology—
5 hours per week P-318
The pathophysiology of the most significant of the digestive and urogenital pathologies are studied. Clinical considerations are emphasized.

Pathology—Neuromuscular and Skeletal Pathology—
5 hours per week P-319
The most significant of the neurological, muscular, and skeletal systems pathologies are studied. Clinical considerations are extensively emphasized.

Roentgenology—Physics—5 hours per week R-316
An introductory course in the physics of roentgenology. Photon production, projection, collimation, attenuation and image formation are among the topics considered. The various components of roentgenographic systems are studied as are the fundamentals of darkroom procedure. Emphasis is placed on the biological effects of ionizing radiation and on patient protection.

Technique—Roentgenology—TR-V—
5 hours per week T-315, R-315
Reinforces palpation, reinforces spinal mechanics, two lumbar x-ray analysis, lumbar adjusting procedures, orthopedic and neurologic examination of the lumbar spine.

Diagnosis—Physical Diagnosis Method—12 hours per week D-321
This fundamental course includes the method of taking a narrative

case history as well as the basic method of examination of the skin, head and neck, thorax and lung, cardiovascular system, abdomen and urogenital system, and the neuromusculoskeletal system.

Roentgenology – Positioning – 5 hours per week R-328
A practical course in roentgenologic technology, with emphasis placed upon special chiropractic procedures. Machine operation, patient positioning, and film processing are demonstrated and discussed. Radiography of the appendicular skeleton is included. Practical work is done using simulated human phantoms. Emphasis is placed on patient and operator protection and radiographic quality assurance.

Clinic I – 3 hours per week C-321
This is an introductory course in which the student is afforded his first opportunity to assume the responsibility of caring for a patient; in this case a student. Complete instruction is given in the various phases of clinic procedure, namely, PCC requirements, the laws of the State of Iowa, proper patient handling procedures and the use of analytical and adjusting equipment.

Technique – Roentgenology – TR-VI –
10 hours per week T-326, R-326
Reinforces palpation, pelvic mechanics, two pelvic x-ray analysis, pelvic adjusting procedures, orthopedic and neurologic examination of the pelvic region, instrumentation.

Diagnosis – Roentgenology D-RI – 15 hours per week D-332, R-330
This intermediate level course expands the student's understanding of the pathophysiology of the neuromusculoskeletal system. The student's ability to evaluate the symptomatology of diseases of bones, joints, muscles and the nervous system is increased. The course also deals with the roentgenographic manifestations of pathology in the skeletal system.

Philosophy 333 – 5 hours per week
The objective of this course is to assist the student to continue to develop a meaningful perspective on health and disease, within the framework of the scientific method, and the philosophy of chiropractic. Emphasis is placed upon developing the student's ability to effectively communicate the concepts of our clinical specialty to other members of the scientific community, and to his patients. Various chiropractic analyses and adjusting procedures are discussed and evaluated. A review of the history of chiropractic is included.

Clinic II – 5 hours per week C-332
In this course, the student doctor is assigned additional student patients, and, under supervision, may accept outpatients. In this clinic he has his first opportunity to deal with the public in the role of doctor. Throughout the course, the student doctor is guided in examination and adjusting procedures. Emphasis is placed on developing professional skills and attitudes.

Technique – Review – 5 hours per week T-337
This is a complete review of spinal evaluation and adjusting procedures. It covers the fine points of material covered in the TR program and covers case management.

SENIOR YEAR

Anatomy – Clinical Anatomy 5 hours per week A-4110
A team taught course that correlates previous courses in Anatomy with the clinical experiences of the students. Topics discussed will include topographical anatomy, review of human dissection, genetics and congenital malformations, skeletal-muscular articulations, and recognition of surgical-anatomical variations. Course material will be flexible, depending on the availability of instructors.

Diagnosis – Roentgenology – DR-II –
10 hours per week D-413, R-4110
This intermediate level course expands the student's understanding of the pathophysiology of the cardiovascular system, blood dyscrasias and lymphatics; thorax and lower respiratory system. He learns to better evaluate this area. The course also deals with the roentgenographic manifestations of pathologies of the respiratory and cardiovascular systems.

Diagnosis – Obstetrics and Gynecology – 5 hours per week D-414
A survey course of the specialty, with emphasis placed upon practical aspects as related to chiropractic practice. Gynecology encompasses a comprehensive study of the anatomy, physiology and pathology of the female reproductive system, and common diseases of the

female. Obstetrics lectures cover the physiology of pregnancy, labor and the complications which may arise due to disease. Class material is extensively supplemented by audio visual aids.

Diagnosis—Pediatrics & Febrile Disorders—5 hours per week D-415
Physical and mental development, disorders of childhood and the special needs of children are considered in this course. Special attention is paid to the febrile disorders of childhood. Clinical application of such studies to the practice of chiropractic is emphasized.

Clinic III—5 hours per week C-413
A continuation of Clinic II, the student continues to render chiropractic care to his student patients and to build his outpatient practice and perfect his clinical skills.

Diagnosis—Roentgenology DR-III—
5 hours per week D-426, R-4211
The student's understanding of the pathophysiology of the gastrointestinal and male genitourinary systems is enhanced by this course. These areas and their particular problems are the focus for the student's diagnostic efforts in this course. Roentgenographic manifestations of pathologies in this area are also presented.

Diagnosis—427—5 hours per week
The student in this course increases his awareness of and ability to evaluate the eye, ear, nose and throat, the skin and the endocrine system.

Roentgenology—Pathology Review—5 hours per week R-4212
A review of osseous and soft tissue pathology. Students review x-ray technology with emphasis on quality assurance and radiation safety. Also, the course covers functional studies, particularly on the spinal column, which includes studies from cineroentgenography. Time also is devoted to studying the radiographic approaches to spinal trauma. Senior students are presented with information concerning the latest developments in radiography.

Clinic—Ethics and Jurisprudence—5 hours per week C-425
This course stresses the value of good patient case history records, and thorough and careful clinical procedures. The doctor-patient relationship, and the responsibilities enjoined on both parties is considered. The relationship of the doctor to his patient and his community is considered. The chiropractic legal aspects of practice are also stressed.

Clinic IV—10 hours per week C-424
This is an extension of Clinic III. The student continues to build his outpatient practice while maintaining his student patients. If certain qualifications and requirements have been met the student DC may serve as a departmental assistant at this time. In this capacity he assumes more responsibility and also helps earlier clinic students with their practices.

Diagnosis—Geriatrics—5 hours per week D-439
Elderly patients and special problems associated with their care are dealt with in this course. Special bookwork for patients on Medicaid and Medicare is discussed.

Diagnosis—Dynamics of Behavior—5 hours per week D-438
A survey course in the etiology systems and psychodynamics of mental disorders. Consideration is given to the fundamentals of psychological evaluation and the relationship of chiropractic to mental disorders.

Philosophy 434—5 hours per week
This course ties together the various aspects of the student's training and experience while at Palmer, and refocuses his attention on the fundamental principles and practices of chiropractic.

Diagnosis—Clinical Diagnosis Conference—
5 hours per week D-4310
The student is afforded the opportunity to arrive at diagnoses, determine chiropractic regimen and establish prognoses, when given case history, exam information, roentgenographic studies and test results.

Clinic V—10 hours per week C-436
The student DC begins to transfer his patients to lower quarter clinic students so that he may close his records to graduate. Meanwhile he may continue as a departmental assistant.

Degrees Offered

Doctor of Chiropractic Degree
Each candidate for a doctor of chiropractic degree is required to complete a minimum of four academic years of nine months each of classroom work of the prescribed curriculum.

The chiropractic course is so arranged that the student may choose either an accelerated course of thirty-six consecutive months or a course of nine months taken in each of four calendar years. Each arrangement contains 4,320 classroom hours.

Students transferring from other accredited chiropractic colleges must complete a minimum of two academic years of classroom work in residence at Palmer College. The final academic year prior to graduation must be in residence at Palmer College.

SPECIAL NOTE:
All matriculants are required to pass Part I of the National Board Examination prior to graduation or the equivalent as determined by the college.

Bachelor of Science and Bachelor of Arts Degrees
A cooperative program has been arranged with St. Ambrose College, Davenport. St. Ambrose College will offer two programs:

1. A two-year pre-chiropractic curriculum and advise students following this curriculum so that a student will be accepted into Palmer College of Chiropractic upon successful completion of this curriculum. At least 60 credits must be earned in this curriculum.

2. A three-year pre-chiropractic curriculum (at least 90 credits) which when successfully completed will earn a St. Ambrose B.A. or B.S. degree in biology when in addition that student has successfully completed the program of Palmer College of Chiropractic and successfully passed the examination given by the National Board of Chiropractic Examiners.

Students at PCC who have earned pre-professional entrance credits at other accredited institutions may submit their transcripts to St. Ambrose for evaluation to qualify for this Bachelors degree program. A maximum of 60 semester credits may be granted by St. Ambrose toward the 90 credits required for this program. After permission is granted by the counseling departments of both Palmer College of Chiropractic and St. Ambrose College, credits may be earned at St. Ambrose concurrent with attendance in chiropractic curriculum.

Upper Iowa University, Fayette, has instituted a program wherein a Bachelor of Science Degree may be awarded to graduate Doctors of Chiropractic after completion of a minimum of 4 modules (32 semester hours) of extension courses and a six semester hour residency course.

Up to 3 academic years credit is granted by U.I.U. for pre-chiropractic study.

The following institutions also offer the two-year pre-chiropractic curriculum and transfer of credits from PCC toward a Bachelor of Science degree:

St. Ambrose College
Davenport, Iowa

Hillsdale College
Hillsdale, Michigan 49242

Loras College
Dubuque, Iowa 52001

California State College
California, Pennsylvania 15419

Plans for attainment of the Bachelors degree vary at these colleges, and information on PCC credit transfers should be obtained from them.

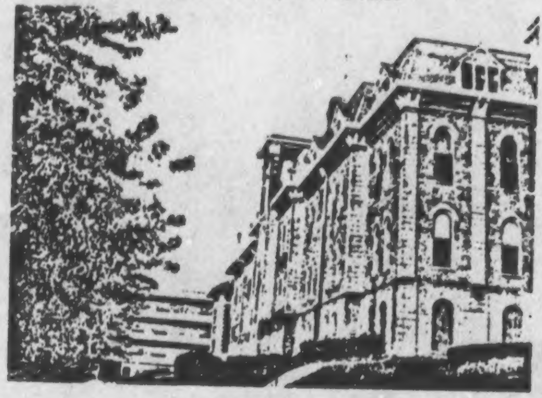
Postgraduate School

POSTGRADUATE SCHOOL OF CHIROPRACTIC STUDIES

The PCC Postgraduate School of Chiropractic Studies acts as a separate agency in meeting the needs of the modern doctor of chiropractic. The Postgraduate School of Chiropractic Studies provides a series of integrated, on-going seminars to improve the skills of the graduate chiropractor. Specific areas of instruction in chiropractic technique, incidental procedures, instrumentation, analysis, laboratory test interpretation, nutrition, orthopedics and roentgenology, x-ray diagnosis analysis and protection are offered as the core structure of the seminar schedule.

Postgraduate school faculty present seminars on campus and throughout the country.

A separate bulletin is available upon request. Address inquiries to: Postgraduate School of Chiropractic Studies, Palmer College of Chiropractic, 1000 Brady Street, Davenport, Iowa 52803.



TESTIMONY OF Lt. Col. DAVID J. PASSAMANECK, USA, Ret.
NATIONAL LEGISLATIVE DIRECTOR, AMVETS
Before The
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
COMMITTEE ON VETERANS' AFFAIRS
U. S. HOUSE OF REPRESENTATIVES
28 JUNE 1983
Regarding Chiropractic Services
To Service Connected Veterans
(H.R. 3016; H.R. 4309; S.567, 98th Congress)

The more than 200,000 members of the American Veterans of World War II, Korea and Vietnam (AMVETS) and its Auxiliary appreciate this opportunity to present our views on the provision of chiropractic service through the VA medical delivery system.

Without wishing to get in the middle of an endless debate regarding the relative merits of traditional orthopedic care and chiropractic manipulation in the treatment of spinal conditions, AMVETS can endorse without reservation the empirical success of chiropractic treatment in many cases. Whether that success is attributable to a psyco-somatic relief of symptoms rather than a cure of an underlying condition is, in our view, hardly worth discussing. If relief of pain is the result, thus contributing to the general well-being of the patient, the service is well worth the cost. Reimbursement for chiropractic treatment is now provided under medicare, medicaid, civilian federal employee health programs and workmen's compensation. AMVETS sees no reason why the service should not be available to veterans through the VA when treatment is prescribed by a chiropractor chosen by a veteran, rather than under current law which requires referral of the veteran to a chiropractor by a VA medical doctor. Under the current system, very few such referrals occur. We are not advocating open self referral by the patient, but we believe that the professional integrity of chiropractors in prescribing treatment is as worthy as that of physicians.

AMVETS is in favor of the enactment of a pilot program of reimbursement or direct contractual payment for chiropratic service to veterans with service connected neuromusculoskeletal spinal conditions. The legislation introduced by Mr. Smith of New Jersey, (H.R. 3016) and similar legislation introduced by Senator Thurmond (S.567) would give a fair trial to such a program, sunsetting the entitlement, effective, 1 October 1987, unless additional legislation is enacted to extend the service. Under both of these bills, chiropractic service to veterans, would be included in the VA utilization review procedure to assist in a proper evaluation of the effectiveness of the program prior to the expiration date.

The only reason we are discussing this issue is the long running turf battle between MD's and Chiropractors. AMVETS is not concerned with which one of these competing groups wins. We are concerned with the veteran and we believe, along with Mr. Smith, that he or she should be free to choose the type of care which produces results. We are not opposed in principle to more liberal legislation which would completely intergrate chiropractic care into the VA system, such as H.R. 4309, introduced by Mr. Hammerschmidt, but we believe the pilot program will accomplish the same purpose in terms of benefit to the veteran and may also keep peace within the DM&S family for a few more years.

This concludes my testimony, Mr. Chairman. I will answer any questions you or the members may have.

STATEMENT OF
CHARLES E. JOECKEL, JR.
DEPUTY NATIONAL LEGISLATIVE DIRECTOR
DISABLED AMERICAN VETERANS
BEFORE THE
SUBCOMMITTEE ON HOSPITAL AND HEALTH CARE
OF THE
HOUSE COMMITTEE ON VETERANS AFFAIRS
JUNE 28, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the more than three-quarters of a million members of the Disabled American Veterans, I wish to thank you, Mr. Chairman, and the members of the Subcommittee for allowing us this opportunity to discuss the provision of chiropractic services to eligible veterans requiring treatment for neuromusculoskeletal disorders.

As you know, Mr. Chairman, during the last two Congresses the Senate has passed legislation which would have, for all intents and purposes, required the Veterans Administration to extend chiropractic services on a fee for services basis to veterans who need or desire such care. Neither of these measures was enacted into law.

Instead, the two Veterans Affairs Committees have chosen a course of action which, more or less, has allowed the VA's Department of Medicine and Surgery to determine how such musculoskeletal conditions will be treated within the Veterans

Administration health care system. Today, we are aware of no instance where the VA has chosen chiropractic services as a method to provide such care to veterans who either need or desire chiropractic treatment.

You may recall, Mr. Chairman, that in the report accompanying Public Law 96-151 the two Committees on Veterans Affairs noted "...that the VA generally has authority, which it has to date chosen not to use, to provide chiropractic services directly, through chiropractors whom it may employ, as a part of hospital care as defined in Section 601(5)(A)(i) of Title 38 and medical services as defined in Section 601(6)...." The report goes on to state "...the Committees urge the VA's Department of Medicine and Surgery to reevaluate its position and to use its existing authorities to provide, at least on a pilot basis, chiropractic services in appropriate cases as part of the hospital care or medical services furnished to veterans."

Following the adoption of the report language which accompanied Public Law 96-151, the DAV received a number of complaints from veterans and chiropractic professionals noting that VA had not chosen to amend its policy with respect to chiropractic services. Attached to my statement, Mr. Chairman, are copies of several VA letters received after the adoption of the report on Public Law 96-151.

Subsequently, our organization contacted the VA regarding its policy. As you will note from the VA's reply which is appended to my remarks today, the VA stated, "The implementation of a resolution which proposes that the VA employ chiropractors on a pilot basis would mean that chiropractors would be supervised by physicians. Such an arrangement, however, would not seem wise or practical since it is highly unlikely that chiropractors would consent to physician supervision as to other allied medical disciplines. Also, American physicians generally do not subscribe to the use of chiropractic as an accepted method of therapy.

"Our endorsement of a chiropractic pilot program, therefore, would be professionally unwarranted and an abrogation of our responsibility to VA patients. It is our view that the current treatment resources available in VA facilities are sufficiently varied and flexible to meet the needs of VA patients. We have no plans at this time to increase the availability of chiropractic services within our medical programs." (VA letter dated November 26, 1980)

Mr. Chairman, several major provisions of federal law regarding Federal Health Programs recognize chiropractors as independent practitioners. These include the Federal Employees Compensation Act, 5 USC 8101(2) and (3), which authorizes federal employees injured on the job to receive chiropractic services under certain circumstances, and the Social Security Act, in Sections 1861(r)(5)[42 USC 1395X(r)(5)] and 1905 (g)[42 USC 1396D(g)], which provides for Medicare and Medicaid reimbursement for certain chiropractic services. In addition, Section 1513.18 of the Rehabilitation Services Manual which interprets the Rehabilitation Act, includes chiropractic within the scope of medical services recognized as reimbursable under that Act.

In 1980, 7 of the 119 government health care plans throughout the country, which fall under the jurisdiction of the Federal Employees Health Benefits Act, offered chiropractic services as a part of their benefit packages. Further, the Internal Revenue Service recognizes chiropractic services as a part of deductible medical services and the Office of Personnel Management will honor a statement signed by a chiropractor as proof of illness for leave purposes.

In April 1980 the American Journal of Public Health published a study of health care utilization which pointed out that chiropractors are a source of health care for over 7 1/2 million Americans. Also found in the same edition of the Journal is an editorial which stated that the findings of the study came as no surprise. In its discussion of the professional controversy and public policy issues surrounding chiropractic services, the editorial concluded that "health professionals have an obligation to review the situation of chiropractic in light of current practices, patient response, and developing policies."

H.R. 3016

Mr. Chairman, your letter of invitation stated that the purpose of today's hearing is to discuss alternative methods that the VA may employ in providing chiropractic services to eligible veterans requiring treatment for neuromusculoskeletal disabilities.

As you know, on May 12, 1983 Congressman Chris Smith introduced H.R. 3016, a bill which would authorize reimbursement for reasonable charge for chiropractic services provided to certain veterans. In essence, the measure would require the Veterans Administration to establish a pilot program to encourage the use of chiropractors within the VA. If enacted, the measure would limit the number of veterans who would become eligible for its benefits and would also limit the total expenditures for chiropractic services under the pilot program to $2 million annually. Unless extended, the pilot program would expire on September 30, 1986.

Mr. Chairman, considering VA's letter of November 26, 1980, we believe that the alternative is clear--the enactment of H.R. 3016. We believe that the Veterans Administration has had ample opportunity since the enactment of Public Law 96-151 to offer an alternative to Congressional mandate--that is, (1) VA has authority which it has chosen not to use in extending chiropractic services to veterans and (2) has ignored Congressional intent as embodied in the report to Public Law 96-151.

We think that a course of action is now clear and in accordance with our National Convention mandate (Resolution 051) adopted by the delegates to our 1982 National Convention, the DAV strongly supports the passage and enactment into law of H.R. 3016.

This concludes my statement, Mr. Chairman, and I wish to again thank you and the members of the Subcommittee for allowing us to express our views on this very important subject.

VETERANS OF FOREIGN WARS OF THE UNITED STATES

OFFICE OF THE DIRECTOR

STATEMENT OF

JAMES N. MAGILL, SPECIAL ASSISTANT
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

PROVIDING CHIROPRACTIC SERVICES TO ELIGIBLE VETERANS

WASHINGTON, D.C. JUNE 28, 1983

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

Thank you for the opportunity to present the views of the Veterans of Foreign Wars of the United States with respect to the providing of chiropractic services through the Veterans' Administration's Department of Medicine and Surgery. At the outset, I would like to thank the Chairman for holding this hearing demonstrating his and the Subcommittee's continuing concern for our nation's veterans.

Mr. Chairman, currently the VA has the authority to provide chiropractic services to veterans. Any VA physician may, on a case by case basis, refer an eligible veteran to a chiropractor. However, it is our understanding very few, if any, veterans have been referred by a VA physician to a chiropractor at VA expense. In almost every instance, veterans now receiving chiropractic care are doing so without any financial assistance from the VA. We believe the VA should be more liberal in allowing eligible veterans the use of chiropractic services, either through VA medical facilities or on a "reimbursement" schedule.

Mr. Chairman, it appears the VA may be standing alone as compared to other Federal and state agencies with respect to policy regarding chiropractic services. All 50 states, plus the District of Columbia and Puerto Rico, license and officially recognize chiropractic service as a health profession and the 50 states also authorize chiropractic service as part of their workmen's compensation program. In addition, over three-fifths of the states require inclusion of chiropractic services under all commercial health and accident policies written in those states. On the Federal level, under the Medicare program administered by the Department of Health and Human Services, it is not uncommon for eligible persons in need of chiropractic care to seek and obtain the services of a doctor of chiropractic and to receive reimbursement for such services from HHS. Furthermore, reimbursement for chiropractic services is also currently provided under the Federal Employees Compensation Act. Another interesting point, Mr. Chairman, is the fact that under the Internal Revenue Code, chiropractic health care is a "medical" deduction.

We do not believe the question before the Committee today is directed at debating the merits and acceptance of chiropractic services as a viable health care alternative, but rather why the VA has been reluctant to utilize this option. We find it ironic the VA has opted to minimize, if not negate, this service while at the same time allowing veterans to attend chiropractic colleges under the GI bill. We also detect a certain degree of ambiguity in that VA physicians do not appear to be hesitant in referring veterans to other health care specialists such as optometrists and podiatrists.

Mr. Chairman, the VFW recognizes that not everyone can or will benefit from the services of a chiropractor. However, we do believe that in certain situations these services may be beneficial. Because of this, we would support appropriate action to compel the VA to utilize its authority to make available chiropractic treatment for veterans when requested or when recommended by the veteran's physician. The voting delegates to our most recent National Convention reaffirmed this position when they adopted Resolution No. 706 entitled "Authorization of Chiropractic Care".

This concludes my statement. Again, the VFW appreciates the opportunity to appear before this distinguished Subcommittee. I will be happy to respond to any questions you may have.

Statement of

The American Legion

1608 K STREET, N. W.
WASHINGTON, D. C. 20006

PAUL S. EGAN, DEPUTY DIRECTOR
NATIONAL LEGISLATIVE COMMISSION
THE AMERICAN LEGION

and

ROBERT E. LYNGH, DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION

before the

SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

on

CHIROPRACTIC CARE FOR VETERANS REQUIRING TREATMENT FOR NEUROMUSCULOSKELETAL DISABILITIES

JUNE 28, 1983

STATEMENT OF ROBERT E. LYNGH, DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
COMMITTEE ON VETERANS AFFAIRS
HOUSE OF REPRESENTATIVES
JUNE 28, 1983

Mr. Chairman and Members of the Subcommittee:

The American Legion appreciates the opportunity to present its views to the Subcommittee at this time. The Notice of Meeting states the purpose of the Hearing is to consider alternative methods the VA Department of Medicine and Surgery may employ in providing chiropractic services to eligible veterans requiring treatment for neuromuscular disabilities.

The American Legion's approach to the matter of provision of chiropractic services to veterans is set forth in the document attached to this statement, which is commended to the attention of the Subcommittee. The document is titled: Report of the Subcommittee on Chiropractic to the National Veterans Affairs and Rehabilitation Commission of The American Legion, and is dated August 29, 1981. Although the Report is now two years old, we believe its contents are still pertinent to the matter at hand, and nothing has occurred in the interim to change the position of the Legion.

The American Legion does not have a specific mandate dealing with the matter of provision of chiropractic services to veterans. The above identified Report was approved by the Legion's National Veterans Affairs and Rehabilitation Commission, and is intended to provide guidance to the Legion and its staff, in the absence of a clear mandate on this subject.

May we draw the Subcommittee's attention to one or two specific points made in the Report. First, the Legion Report refers to Report No. 96-177, from the Senate Committee on Veterans Affairs and dated May 15, 1979. Report No. 96-177 includes the following language: It is the understanding of both Committees that the VA has the statutory authority, which it has to date chosen not to use, to provide chiropractic services directly, through chiropractors it may employ, as part of hospital care as defined in section 601(5)(A)(i) of title 38, and medical services as defined in section 601(6), to any veteran eligible to receive such care or services who is in need of chiropractic services, and to provide such chiropractic services on a contract basis under the general criteria prescribed in section 601(4)(C) for the provision of care and treatment on a contract basis.

The Legion Report goes on to point out that the statutory authority for provision of chiropractic services included in section 601 is implemented in DM&S Manual M-1, Part 1, Chapter 18, as amended by Interim Issue 10-79-38, para. 18.03d, dated September 20, 1979.

The authority identified above makes clear that a VA physician has authority to refer a veteran patient to a chiropractor when the physician's professional judgment so indicates.

Another section of the Legion Report discusses the controversy that exists within the chiropractic profession between what are known as the "mixers," and the "straights." This controversy is confusing to the non-professional person and caused the Legion subcommittee quite a bit of trouble in arriving at a conclusion.

It was the conclusion of the Legion subcommittee that in view of existing authority as set forth in section 601 of title 38, USC, there is not a present need for additional legislation in this matter. We wish to make that recommendation to the Subcommittee at this time.

The American Legion does not believe the matter of provision of chiropractic services to eligible veterans requires legislation. We acknowledge there is a problem in this matter within the VA's Department of Medicine and Surgery, in that most VA employed physicians, apparently will not refer veteran patients to chiropractors. This results from a controversy between chiropractors and allopathic physicians. As a non-professional organization that is essentially a consumers' representative, the Legion has no organizational opinion on this controversy. It can only say the controversy causes confusion among laymen and makes difficult the layman's efforts to provide himself with health care.

The American Legion does not wish to see the controversy involving chiropractors and allopathic physicians invade the VA health care program for veterans. We believe Congress should make every effort to see that this does not happen.

Perhaps Congress should encourage VA to make referrals of veteran patients to chiropractors where the patient requests such referrals, and continue to follow the patient to ascertain whether chiropractic treatment results in improvement of the patient's condition. Under treatment, patients either improve or don't improve. Over a continued period of time involving the tracking of a representative number of patients, the quality of care provided by chiropractors should become clear - at least so it would seem from a layman's perspective.

At a time when many citizens believe Congress passes too much legislation anyway, it does not seem to The American Legion that Congress should address this admittedly difficult matter through legislation.

Once again, we commend the attached Report to the Subcommittee's attention, and we thank the Subcommittee for receiving our views.

Attachment: Report of the Subcommittee on Chiropractic to the
National Veterans Affairs and Rehabilitation Commission
of The American Legion - August 29, 1981

REPORT
OF THE
SUBCOMMITTEE ON CHIROPRACTIC
TO THE
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
OF
THE AMERICAN LEGION
AUGUST 29, 1981

The Subcommittee on Chiropractic of the Veterans Affairs and Rehabilitation Commission was appointed by Chairman W. F. Lenker, upon recommendation of the VA&R Commission at its meeting in October 1980. The Subcommittee is composed of Chester F. Stellar, Ohio, Chairman; Vollie McCollum, Tennessee and Michael D'Arco, New Mexico, members. The members of the Subcommittee are members of the Veterans Affairs and Rehabilitation Commission.

The charge to the Subcommittee by the Chairman was to inquire into the question of whether veterans should have greater access to chiropractic through programs administered by the Veterans Administration.

The Subcommittee met at the Washington Office of the National Headquarters of The American Legion on January 28 and 29, 1981. An interim report was presented to the Chairman under date of February 4, 1981. This is the final report of the Subcommittee, subject to instructions from the Chairman and the Commission.

In sessions lasting one and one half days, the Subcommittee met with:

Dr. Donald L. Custis, Chief Medical Director of VA

Drs. John Cooper and Julius Krevans of the Association of American Medical Colleges

Dr. Paul Schafer, President, National Association of VA Physicians

Mylio Kraja, National Legislative Director, The American Legion

Dr. Irving B. Brick, Senior Medical Consultant to The American Legion

Dr. Thomas FitzGerald, Medical Consultant to The American Legion

Dr. Edwin M. Kenrick, President, American Chiropractic Association.

Dr. Kenrick was accompanied by a delegation of ten persons, including Ward Moody, a member of the VA&R Commission from Texas, and Rev. Paul Schwab of Nebraska, a Past National Chaplain of The American Legion.

Following receipt of statements from and discussion with those listed above, the Subcommittee engaged in extensive discussion of the subject.

In dealing with its subject, the Subcommittee took note of an action by a Subcommittee on Chiropractic of what was then known as the National Rehabilitation Commission, as reflected in the Proceedings of the National Executive Committee in May, 1954. In the report the Subcommittee stated: The subcommittee remained in informal executive session throughout, examining the wealth of material available to it with the utmost care and considering every aspect of an admittedly difficult matter. To clear the agenda, and for the guidance of the Rehabilitation staff, the committee recommends that all referred resolutions on the subject of chiropractic be rejected.

The recommendation in the Report to the National Executive Committee has guided the VA&R staff to the present time.

The Subcommittee further took note that in 1975, at the 57th National Convention, the Convention adopted Resolution No. 359 (Texas), reported by the Convention Committee on National Security, and which calls for chiropractic access to CHAMPUS, and also for inclusion of chiropractic in any national health insurance program to be enacted by Congress.

While the VA&R program does not include CHAMPUS in its scope, it does include CHAMPVA, a program that is funded by VA but administered by CHAMPUS. The American Legion position on national health insurance is set forth in Resolution No. 192 (Wisconsin), reported by the Convention Committee on Veterans Affairs and Rehabilitation, and adopted by the 1978 National Convention.

In its presentation to and discussions with the Subcommittee, the representatives from the American Chiropractic Association made clear that the specific desire of that organization is for access to the CHAMPUS program (presumably to include CHAMPVA), and also for access to the VA fee basis program for care of service-connected disabled veterans. A specific desire was not expressed to have chiropractors admitted to staffs of VA Medical Centers.

Dr. Donald Custis, VA Chief Medical Director, stated to the Subcommittee that if chiropractic is to be made available as a benefit to veterans, it should be under the aegis of and administered by the VA Department of Veterans Benefits and not by the Department of Medicine and Surgery. Dr. Custis stated the DM&S does not have the capability of credentialling chiropractors.

The representatives of the Association of American Medical Colleges, in their presentation to the Subcommittee stated that organization will oppose any effort to introduce chiropractic into the veterans medical care program. They stated it to be their opinion that chiropractic is not proven to be a scientifically valid healing art.

The Subcommittee is in receipt of a communication from the American College of Radiology which includes copy of a resolution approved by the Board of Chancellors and Council of The American College of Radiology in February 1969, and which the Subcommittee is advised, continues to be the policy of the organization. The resolve clauses of the resolution read: that the members of The American College of Radiology advise the people of the United States that they regard the use of radiation by chiropractors as unwarranted and without likelihood of significant medical gain; and be it further resolved that The American College of Radiology request federal and state health agencies to inform the public of the views of the College in regard to use of x-rays on patients by chiropractors.

Dr. Edwin M. Kenrick, D.C., President of the American Chiropractic Association, presented a comprehensive statement to the Subcommittee. The statement defended the scientific validity of chiropractic as a healing art, and the propriety of its availability to veterans.

In the statement, Dr. Kenrick said: We respectfully suggest that the time has come - and this hearing can provide the suitable occasion - for clear-cut action by The American Legion endorsing and espousing the provision of chiropractic care in all health programs of special interest to veterans, as well as those of more general interest to the entire American people. Chiropractic has come of age - and veterans want, and deserve to have, the right to chiropractic care when they want it.

In his conclusion, Dr. Kenrick stated: the ACA's position is simply this: (1) veterans should have the right under statute, in any Federal or Federally-financed health program, to choose chiropractic health care; (2) the present law preventing chiropractic inclusion in CHAMPUS is an improper and unfair discrimination against CHAMPUS beneficiaries who seek and want chiropractic health-care; it is also totally inconsistent with a whole range of Federal programs which provide authorization for chiropractic health-care for many American groups, but not to CHAMPUS beneficiaries; (3) the DOD's letter of opposition to this proposed program contains so many misstatements, inaccuracies and outmoded professional points of view, all to the detriment of CHAMPUS beneficiaries, that it is unworthy of reliance by The American Legion.

Dr. Kenrick's statement concluded: Therefore the American Chiropractic Association respectfully urges The American Legion to adopt as a basic policy a resolution supporting a) the inclusion of chiropractic in all health programs of special interest to veterans, and in particular b) the inclusion of chiropractic health care in CHAMPUS.

In acquiring information about the practice of chiropractic, the Subcommittee became aware that there is a difference within the chiropractic profession that appears to be clearly defined and vigorously pursued. The difference is identified as the "mixers," and the "straights." The best definition of the difference is drawn from the book "A Report on Chiropractic Politics and Education," published by the Chiropractic Foundation of America in 1979. (This Foundation appears to represent the "straights.") On page 48 of the volume the difference is defined as follows: Straights seek only to remove a particular kind of interference of the body's natural propensity to produce health. Mixers are primarily concerned with practicing an unlimited form of medical diagnosis and treatment of diseases.

The American Chiropractic Association, which met with the Subcommittee, appears to be identified with the "mixer" branch of chiropractic. The Subcommittee did not have the opportunity to meet with representatives of the "straights." The book, "A Report on Chiropractic Politics and Education," indicates that the differences between the "mixers" and the "straights" are openly unfriendly.

In researching the present statutory entitlement of veterans to chiropractic care, the Subcommittee took note of the attention paid to this matter during the course of the 96th Congress. In that Congress, the Senate Committee on Veterans Affairs issued Report No. 96-177, dated May 15, 1979, in connection with S. 1039, which was finally adopted as H.R. 3829 and became Public Law 96-151. S. 1039, in section 202 would have provided specifically for chiropractic services for veterans. This section did not survive conference, and was not included in PL 96-151. However, in the Conference Report, it was stated: It is the understanding of both Committees that the VA has the statutory authority, which it has to date chosen not to use, to provide chiropractic services directly, through chiropractors whom it may employ, as part of hospital care as defined in section 601(5)(A)(i) of title 38, and medical services as defined in section 601(6), to any veteran eligible to receive such care or services who is in need of chiropractic services, and to provide such chiropractic services on a contract basis under the general criteria prescribed in section 601(4)(C) for the provision of care and treatment on a contract basis.

Through contact with persons in the VA Department of Medicine and Surgery, the Subcommittee ascertained that the statutory authority for provision of chiropractic services is implemented in DM&S Manual M-1, Part 1, Chapter 18, as amended by Interim Issue 10-79-38, para. 18.03d. This Interim Issue is dated September 20, 1979.

Basically, what the Manual provides is that a VA physician has authority to refer a veteran patient to a chiropractor when the physician's professional judgment so indicates. At the time of this research, VA was able to identify only two instances in which such referral by a VA physician to a chiropractor has been made. In each of these instances, costs were in fact borne by VA.

During its meeting of January 28 and 29, and on the basis of all of the information outlined above in this Report, the Subcommittee proceeded to extensive consideration and discussion of its charge from the Commission.

The Subcommittee's first and underlying conclusion was that it is not a professional body, and therefore cannot evaluate the scientific validity of chiropractic as a healing art.

At the same time, the Subcommittee is obviously aware that chiropractic is a healing art that is practiced nationwide and is used by millions of people. It is a fact that every state has now established laws and regulations governing licensure for chiropractors.

It is also true that chiropractic is available, on a limited basis, under other Federally sponsored and funded health care programs, such as Medicare and Workmen's Compensation. These, and the others are third party payers, and there are no programs, to the knowledge of the Subcommittee, in which chiropractic care is delivered by Federally employed practitioners, as in the case of the VA medical care program for veterans.

The question that remains for the Subcommittee is whether legislation is needed or indicated to statutorily strengthen veterans access to chiropractic, in seeking care from VA to which they are legally entitled.

The Subcommittee concludes that such legislation is not presently required, and it recommends to the Commission that The American Legion should neither sponsor or support such legislation at this juncture.

The reason for this conclusion is that the Subcommittee's research satisfies it that there is presently in law, sufficient authority for veterans to receive chiropractic care when they so desire and when that desire is added to the professional judgment of a VA physician. It is admitted that what is needed and recommended is greater utilization of existing statutory authority for use of chiropractic in the VA system. However, this would require a change in attitude on the part of many physicians toward chiropractic, and that fact is something over which The American Legion has no control.

If a greater acceptance of chiropractic within the VA medical care program is not achievable, then the alternative is legislation establishing chiropractic as a health care alternative available to veterans - in other words, another veteran benefit program. It is the conclusion of the Subcommittee that the establishment of such a new program is neither feasible nor advisable - as far as American Legion sponsorship is concerned - given the present climate of fiscal austerity in which the nation finds itself.

The American Legion is hardpressed to defend the current veterans benefits programs. The proposed VA Budget for Fiscal Year 1982 (commencing on October 1, 1981) will approximate $24.8 billion, of which more than $7 billion will be for medical care. This is what is known as a straightline budget, that will maintain veterans programs, including the medical care program, strictly on a status quo basis, with no improvements or expansions. These straightline budgets are already having a constricting effect on VA medical care. It is impossible to maintain quantity and quality of care this year on last year's dollars - not in a period of double digit inflation such as the nation has experienced for the past several years.

The Subcommittee reiterates that in this climate, it is not timely for this organization to sponsor new programs.

Therefore, the specific recommendation of the Subcommittee to the Commission is that section 601 of title 38, United States Code, presently includes ample authority for referral of veteran patients to chiropractors, where desired by the veteran and medically indicated; and that The American Legion should not sponsor or support at this time any legislation that would modify the present statutory authority set forth in section 601 of title 38, USC, and implemented in DM&S Manual: M-1, Part 1, Chapter 18 as amended by Interim Issue 10-79-38, para. 18.03d.

And it is finally recommended that the Commission should continuously monitor the use of chiropractic within the VA, so that bona fide data is available for further study of the matter should it be needed.

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

JAMES H. SAMMONS, M.D.
Executive Vice President
(751-6200)

July 11, 1983

The Honorable Robert W. Edgar
Chairman
Subcommitee on Hospitals and Health Care
Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, D.C. 20515

Re: Provision of Chiropractic Services to Veterans Requiring Treament for Neuromusculoskeletal Disabilities

Dear Mr. Chairman:

The American Medical Association takes this opportunity to comment on the issue of extending Veterans' benefits to include coverage for chiropractic services for those veterans requiring treatment for neuromusculoskeletal disorders. We request that this letter be made a part of the hearing record for the June 28, 1983, Subcommittee hearing on this issue.

The AMA has a long-standing history of support for the Veterans' Administration health care program. We have advocated the provision of medically necessary and appropriate medical services as an element of any program designed to provide health care benefits, including the VA's health care system. However, we believe that the expansion of the VA program to include coverage for chiropractic services is unwarranted. In our view, the treatment of neuromusculoskeletal disabilities is adequately covered through the VA's medical staff. An expansion of benefits is particularly inappropriate at a time when federal programs are facing serious budgetary cut-backs; the addition of new benefits may result in a forced reduction in other areas of covered services.

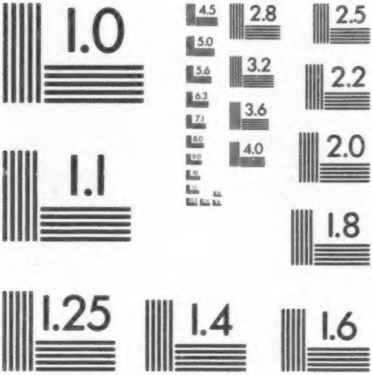
The American Medical Association urges careful consideration by your Committee of any expansion of health care benefits under the VA program. In such an examination, it is important to keep in mind whether the program's beneficiaries will stand to gain from the expansion and whether the program itself will not be weakened if additional funding is unavailable to cover any other benefits. In our opinion, such an analysis will lead to the conclusion that VA benefits should not be expanded to include chiropractic services.

Sincerely,

James H. Sammons, M.D.

JHS/dap
0944p

MICROCOPY RESOLUTION TEST CHART
NBS - 1010a
(ANSI and ISO TEST CHART No. 2)


1.0
4.5
5.0
5.6
6.3
7.1
8.0
9.0
2.8
3.2
3.6
4.0
2.5
2.2
2.0
1.1
1.8
1.25
1.4
1.6

PHOTOGRAPHIC SCIENCES CORPORATION
770 BASKET ROAD
P.O. BOX 338
WEBSTER, NEW YORK 14580
(716) 265-1600

20:1

Congressional Information Service, Inc
Washington, D.C.

CIS